ANS ont of	county Cure Caundal	CERTIFICATE OF DEATH
r. PHYSICI	Village or City Rounsville Hap	Registration Dist. No. 2
d. E.	2 FULL NAME / HOWARD /	Sally of street and number.
ifie ifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated in its classification.	male Blach (Write the word)	18 DATE OF DEATH Alonth) (Day) (Year)
d be roper	B DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
be p	(Month) (Day) (Year)	that I last saw h mative on Pfor 6, 1915,
E si	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at J. 157m.
AGitm	yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
that s on	(a) Trade, profession, or Calibles	Cerebral Kemorthay
s, so	(b) General nature of Industry	X × b
lly s	business, or establishment in which employed (or employer)	(Buratlop) yrs. mos. ds.
ain te	9 BIRTHPLACE (State or country) Virginia	Secondary Creb al Sylvania di
d be in pl	10 NAME OF PLUMAS Bailey	(Signed) I Oher myrreds
Shoul EATH ortan	S 11 BIRTHPLACE OF FATHER (State or country) Virginia 12 MAIDEN NAME 20	State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
in D	A OF MOTHER (a) // // // //	SUICIDAL OF HOMICIOAL.
E O ery	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
is v	OF MOTHER (State or country) Unguna	At place of deathyrs. 3mos. 2ds. In theyrsmos,ds.
O CO	14 THE ABOVE IS TRUE TO THE BUST OF MY KNOWLEDGE	Where was disease contracted, the work of if not at place of deeth?
tate ATI	(Informant) Widnew Backey	Former or ususi residence Level Court
y it	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Shou	15 4/ 2 = B	Hospital Cemelary Md 4 7 , 1910
. B	Filed	120 UNDERTAKER LANGE Super Walestrupy
-	If more blanks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autobusiness, that fact may be indicated thus: Former (retired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part taken to report specifically the occupations of persons is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, irth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic Never report mere ocid-probably

If this certificate is looked over thoroughly and all questions answered in detall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1915
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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

supplied. AGE should be simay be properly classified.

RECORD

PERMANENT

1 PLACE OF DEATH

County anne arundel.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/

[It death occurred le

a hospital or institution.

DATE OF BURIAL

9,01		Registration Dist.
Village or City Lake Shore	No	St.;Ward)

²FU	LL NAME Cliga Baker	give its NAME instead ot street and number.]
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female	Color or RACE Single, MARRIED, WIDOWED. ORDIVORCED (Write the word)	(Month) (Day (Year)
O DATE OF BIRT	(Month) (Day (Year) (If LESS than	that I last saw here alive on and that death occurred on the date stated above, at 3.259 m
8 OCCUPATION (a) Trade, profession parficular kind of vector of the business, or established	n, or House walk & masking of industry, lishmenf in employer)	The CAUSE OF DEATH* was as follows: Oronic Interstituted Nephrelis (Duration) 2 yrs. mos. ds Contributory Matrial Insufficing Secondary
0 12 44 410 54	LACE HER Or country) Unknown-	(Signed) Syrs mos ds (Signed) Secling leg , M. D (Signed) 3 ,191 (Address) Clreto May *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPL OF MOT (State of	ACE HER OF country) Unknown.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

OF BURIAL OR REMOVAL



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," childbirth or miscarriage as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (seeondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of "Senile," (Recommendations on statement of ete.), "Dropsy," "PUERPERAL septichaeetc. State cause for "Exhaustion,"



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N If death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIOOWED, (Month) (Dav) (Year) ORDIVORCEO (Write the word) HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Day) (Year) (Month) if LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address). 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. Ш AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State.... Where was disease contracted. If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. As examples the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acet ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nent neoplacins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Come," Bronchopncumonia (secondary), 10 ds. Never report eer" is less definite; avoid use of "Tumor" for malig The contributory "Old Age," "Shock," 'Traemia," "Weakness," "Senile." etc.), may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR N. S. No. 1.

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PLACE OF DEATH	4788STATE OF MARYLAND CERTIFICATE OF DEATH
County	M M
8- 15- ft	Registration Dist. No.
Village or City Oo Colo.	St.; Ward) [If death occurred in a hospital or iostitution,
Alexandre !	Belloyusta give its NAME iostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PRATH
Finale Write (Stringer, Marries, Morries, ORDIVORCED, ORDIVORCED, ORDIVORCED)	(Month) (Day (Year)
8 DATE OF BIRTH	166 6 = 1915 to Afor 6 = 1915
$\frac{\text{(Month)}}{\text{(Month)}} = \frac{1.89}{\text{(Year)}}$	that I last saw h er alive on Atr 3" no J
7 AGE 11 LESS than	and that death occurred on the date stated above, at 9 m.
yrs. Amos, ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Tulan man fushe sulsain
(a) Frade, profession, or particular kind of work	- Chromo Resignation
(b) General nature of industry, business, or establishment in	(Buration) yrs. mos. ds.
which employed (or employer)	Contributory
State or country) Russia, Poland	(Secondary)
10 NAME OF P ZO	(Signey) hon O Forton was
of 11 BIRTHER John J Cot Kierwey	Atry 7-1945 (Address) Dr. Bata. Mis.
State Optountry) Russia, Poland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
E 12 MADDEN NAME	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPIACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS; TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Wester	At place of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Nomen Decksynski	Former or usual residence
(Address \$ 186 lm St - Do Batto me	19 PLACE OF BURIAL OF REMOVAL DATE OF BUILD
16 Mally M. D	Holy ross Cometen Apr 8 = , 191.5
Filed Registrar	APPRESS APPRESS
f If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poiso LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-The nature Never report Examples: For VIO-



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1 PLACE OF DEATH

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CERTIFICATE OF DEATH County army (brundel. SICIANS should OCCUPATION IS Registration Dist. No. 2/ PHYSICIANS If death occurred in St .:Ward) a hospital or Institution. give its NAME Instead of street and number. I 0 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH classified. (Year) 7 AGE tf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: AGE sho OR ? yrs......mos......ds. BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, business, or establishment in may (Duration) yrs. mos. ds. which employed (or employer) 9 BIRTHPLACE (State or country) ann Orundel Contributory certifica Secondary 10 NAME OF FATHER 50 S 11 BIRTHPLACE . 191 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-ATH in plain 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. State yrs, _____ ds DEAT Where was disease contracted. If not at place of death?..... OF Every Item CAUSE OF Important. usuai residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS under /a/les If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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1 PLACE OF DEATH Very County Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Month) DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH* OR 7 BOCCUPATION a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE . 191.2 PARENT OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country mos 20 ds of death _____ yrs. ___ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 DINDERTAKER 0

STATE OF MARYLAND

CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution. give its NAME lostead of street and nomber. 1

MEDICAL CERTIFICATE OF DEATH 191... (Year) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, a mos. (Doration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

State

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrary 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nophritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations ou statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 4 1915

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

	PLACE OF DEATH Sounty Control (No. 277) Stielfy and Blue FULL NAME PLACE OF DEATH (No. 277)	Registration Dist. No. 21 Registration Dist. No. 21 Registration Dist. No. 21 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,51	Male Hord MARRIED, Jung 18 Male Hord Mitter the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day (Year)	that I last saw h allve on
	GE If LESS than 1 day,hrs. ORhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) pa (b) bus whi	CCUPATION) Trade, profession, or riciciar kind of work) General nature of Industry, siness, or establishment in lich employed (or employer) PRTHPLACE (State or country)	Contributory Secondary (Buration) yrs mos ds.
S	10 NAME OF Charles Blunt 11 BIRTHPLACE	(Signed) Chubroze Fareiro M. D. 4. 22 1945 (Address) Ruce how West
PARENTS	OF FATHER (State or country) (- C - B-Md) 12 MAIDEN NAME OF MOTHER () Shelf Hall	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Q - Q - Co, Md	At place In the of death yrs mos ds state yrs, mos, ds
	(Informant) 277 Charles ave	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil	ied Apl 20,1915 - Amswelch REGISTRAR	Princes & Center 4 21 1916 ADDRESS CO. H. 18 Yarker & Son 92 WEST 81
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Jareia

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECENED
MAY6 1915
BUBEAU, V.S.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred inWard) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav Write the word) Sun I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH march (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH* was as lollows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country), 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State ____ yrs. ___ mos. ___ ds Where was disease contracted. If not at place of death? Former or usual residence... 19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



1.

Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Women at home, who are engaged in the Nevcr return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from Meastes "Senile," ctc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for



	TE OF MARYLAND
CERT)	FICATE OF DEATH
CERTIFICATION COUNTY CL. C. C. COUNTY CL. C.	Registration Dist. No. 21
7 % Village or City Umapolished 19 thous st.:	S ward) [If death occurred in a hospital or institution,
FULL NAME Walter Brewer	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL C	ERTIFICATE OF DEATH
SSEX COLOR OR RACE MARRIED, MARRIED, WIDOWED OR DIVORCED	hil 3.0 , 1918 (Year)
6 DATE OF BIRTH (Millich) 7 AGE Write the word 17 HEREBY CTAN (Millich) (Day) 18 that I last saw h Anal and that death occurred the course of DEATH & The CAUSE OF DEATH & The CAUSE OF DEATH & The CAUSE OF DEATH	Fy, That I attended deceased from
and 10 10 10 10 10	15. to 11 1 30 M23.
(Mulhth) (Day) that I last saw h Osmal	ive on (7 1915)
TAGE If LESS fhan and that death occurred 1 day, hrs. The CAUSE OF DEATH *	
The CAUSE OF DEATH &	was as follows:
THE BOCCUPATION	alax
(a) Trade, profession, or particular kind of work	1
business, or establishment in	(Buration) yrs. mos. ds.
which employed (or employer)	Vhoust-
State or country)	The such
10 NAME OF 10 NAME OF	(Buration) /yrs ds.
Tather nathan sever of Don	Je de la
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OTHER OTHER	Auging Death, or, in deaths Jon Violent
State or country) (State or country) (Auses, state (1) Means Suicidal or Homicidal.	of Injury; and (2) whether Accidental,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER 14 LENGTH OF RESIDENCE	(FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
ELL O IS BIRTHPLACE OR RECENT RESIDENTS)	In the
of MOTHER (State or country) Jouth Orne as of death yrs	ds. Stata,yrsmosds.
TOZ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?	
E TE (Informant) John Brewer Matter usual residence	'- el _{ds} =
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address)	EMOVAL DATE OF BURIAL
Address / Mt Jal	or aughley 27 5
Flied Mar / 1915 - Mrs Welch 20 UNDERTAKER	ADDRESS
REGISTRAR OMULL	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requ	alley 32. M.W. D



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Furmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, Housemaid, etc. If the occupation has been changed mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age ness of various pursuits can be known. The question is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent beatus "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; (hronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of birth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of "Tumor" for inalignant neoplasms); Measles; Whosping railway train-accident; Revolver The contributory (secondary or intereur-"Pubrperal septicharmia," "Dropsy," "Exhaustion, State cause for which Never report mere nound of



Cot	unty 9. 9.	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	age or City Ausapolia (No. 91, 12) 2 FULL NAME Edward W.	Registration Dist. No. St.; Ward) [It death occur a hospital or instit give its NAME in of street and num
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male White Single, MARRIED, WIDOWED ON DIVORCED OWNING OF DIVORCED OWNING OWNIN	16 DATE OF DEATH (Month) (Day)
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased
e D	X4.T 15 1856	, 191, to, 1
- L	(Month) (Day) (Year)	that I last saw halive on
O TA		and that death occurred on the date stated above, at
- D	58 yrs. 6 mos. 22 ds. OR min.?	The CAUSE OF DEATH : was as follows:
0 (a) Trade, profession, or arricular field at work	11-1-5:
S D	b) General nature of Industry	V
6	usiness, or establishment in	(Ourellon) yrs mes
M a	chich employed (or employer)	Contributory
<u> </u>	(State or country)	Secondary
0 -	10 NAME OF OR	(Ouration) yrs mos
	FATHER help grafit	(Signed) I I Munich Fritice of the Peace
mportant.	11 BIRTHPLACE OF	april 8, 1915 (Address) Annapolis Hayl
RENT	OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
AR	12 MAIDEN NAME OF MOTHER OF ALLOW	SUICIDAL OF HOMICIDAL,
ے ا	Sarah le. Holliday oke	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
⊕ > ∞	13 BIRTHPLACE OF MOTHER (State or country)	At place to the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. State,yrsmos Where was disease contracted,
2	7 9/ B H	tf not at place of desth?
2	(Informant) . W. ff	usuel residence
5	(Address) Christopolis 149	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	ali di Con day	Pedas Bleff Cent Cope 9, 10
	Hed apl 8 1915 - Ar Wilch	29 UNDERTAKER
	REGISTRAR	Jas S. Tay Un. Jons Ulmapa

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Serront, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Former (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (o) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiespecially in industrial employments, it is necessary to know (o) the kind of work and also (b) the nature of the applies to each and every person, irrespective of ago. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway troin—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy,' hapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exha head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichuemia," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of.... rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-(name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-Never report merc "Atrophy," "Col-"Exhaustion,"



1 PLACE OF DEATH

ACTLY. PHYSICIANS ed. Exact statement of	Village or City Carry (No. In. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Ssiffi	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODEO WILLIAM	MEDICAL CERTIFICATE OF DEATH
AGE should be stated it may be properly clas back of certificate.	Temal Black OR OIVORCED Wilds 6 DATE OF BIRTH (Month) (Day) - (Yet) 7 AGE Syrs. Mos. ds. OR Min	that I last saw he alive on he alive on the date stated above, at the CAUSE OF DEATH & was as follows:
carefully supplied.	OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Caroline Co Ind.	Contributory Secondary (Quration) yrs mos ds (Quration) yrs mos ds
formation should be USE OF DEATH in F s very important.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Caroline OF MOTHER (State or country)	(Signed) , 191 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. ds Whara was disease contracted,
N. B.—Every item of in should state CA OCCUPATION	(Informant) Louisa Norsay (Address) 530 addison ally Bala 15 Filed All 29, 1915 Mismelel REGISTRA	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MA Auturn Centy 20 UNDERTAKER Balt Cy ADDRESS Wilbert Brown 414 N Moant St
_	If more blanks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. Ng. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Caal: employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago. ness of various pursuits can be known. The question is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer, Dealer." etc., without more If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, telanus) may be stated on statement of cause of death approved by Committee Struck by SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," nephritis, etc. on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Semile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum. etc., Carcinoma, Sarcoma, etc., of..... railway train-accident; Revolver wound of (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere (Recommendations "Exhaustion,"



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Village or City Use	mol- Lima	of Octo	Tanest; 3 Ward)	
· · · · · · · · · · · · · · · · · · ·	./		St.; ward)	
2FIII NAME	Thomas.	Brown	27174 CT 1	

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX ** COLOR OR RACE ** SINGLE, MARRIED, WIDOWED, WOODLY REED (Write the word) **DATE OF BIRTH **MONTH Lat , 1853. (Month) (Day (Year) **TAGE If LESS than 1 day, hrs. OR min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) head River. a a location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head River. A location of Father (State or country) head R	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from Man 30, 1915, to 1915 that I last saw have alive on 1915 and that death occurred on the date stated above, at 3 mm The CAUSE OF DEATH* was as follows: (Duration) ITS 1805. 4s (Signed) (Duration) ITS 1805. 4s (Signed) (Signed) (Address) (Address) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Address (1) Means of Injury; and (2) whether Accidental Address (1) Whether Accidental Address (1) Whether Accidental Address (1) Whether Accidental Address (1) Means of Injury; and (2) whether Accidental Address (1) Means of Injury; and (2) whether Accidental (3) Whether Accidental (3) Whether Accidental (4) Whether Acci
of Mother Heneretta anderson 13 BIRTHPLACE OF MOTHER (State or country) head River a. a. c.). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Process Brown (Nise)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or
(Address) 5 & actor Lane 15 File Opl 12, 1915 - Amy Welch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prover Hill Cerustery Opril 12: 1912 20 UNDERTAKER ADDRESS 3 2 3 2 3 4 3 6

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the nisease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Forcman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a dcfinite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified. properly supplied. pe O may UNFADIN certificate. # that 20 0 pe back terms, should 00 plain Instructions Informati _ DEATH WRITE See 0 item OF Every item CAUSE OF Important.

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No Ilf death occurred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE, MARRIED. 1910 WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, ... 6.hrs. The CAUSE OF DEATH * was as follows: OR min. 5 mosds. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs. __ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?-Former or (informant). usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

tate Registrar, 6 E. Franklin St., Balto

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to-determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REGORD

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County La Co Village or City Cas Ton T (No. 46) 2 FULL NAME Bulla Bui	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Lod Single, Single MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREO CERTIFY, That I attended december on
March (Month) (Day) (Year)	that I last saw has alive on April 14
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Longenta Since birth Debuty Since birth (buration) yrs mos ds. Contributory Lylam hor
10 NAME OF FATHER Carner Butter	(Signed) (Address) (Address) (But and Market
OF FATHER (State or country) All Co. MILE OF MOTHER MINING STORMS OF MOTHER (State or country) All Co. MILE OF MOTHER (State or country) All Co. MILE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Minus Smaden	Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed M. 14, 1915 Ams Mild REGISTAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Browerfull Count 16 April 1915 20 UNDERTAKER ADDRESS 42 West & 8

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

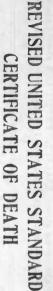
cated thus: Farmer (retired 6 yrs.): of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary); may be entered as minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease catising death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Toup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

etc., when a definite disease can be ascertained as the ture of the American Medical Association.) such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Example: Meastes (disease causing death), 29 designation of the control of the valvular heart disease; Chronio interstitidi nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras The contributory (Recommendations on statement of (secondary "Dropsy," "Exhaustion," (name origin; "Canor intercurrent) State cause for Never report Examples: For VIO



County anne arundal	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.			
Village or City Crownsville Sta	The Hospital Ward) [it death occurred in a hospital or institution, give its NAME lostead et streef and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Famale Black Single (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 16 Left 16 1913 to April 28 1915.			
(Month) (Day) (Year) 7 AGE 2 2 yrs. Units: 1 day,	that I last saw h. S. alive on Cycl. 28 1915 and that death occurred on the date stated above, at 3 G. m. The CAUSE OF DEATH * was as follows:			
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of Industry, business, or establishment to	Stofker - adams Dirzase (Duration) yrs. 1 mos. ds.			
**BIRTHPLACE (State or country) Maryland	(Secondary) (Duration) yrs			
11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed). (Address) M. D. (Address) M. D. (Stale the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) Undruowy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENCE) At place of death yrs mos ds. Where was disease contracted, At			
(Informant) Control (12 Conds	former or usual residence. Calvet County Date of Burial			
Filed. 4/29, 1910 Registrate	Hospital Cemetery april 29, 1913 20 UNDERVAKER R. P. Willyode upp Walestrus			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-"Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illbeen changed or given up on account of the nistast Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1915
BUREAU, V.S.

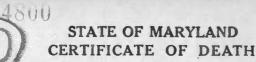
V. S. No. 1.

8

ż

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement of PERMANENT stated EXACTLY. may be properly classified. UNFADING INK-THIS IS should AGE carefully supplied. See Instructions on back of certificate. that It WRITE PLAINLY, WITH of information should be DEATH in plain terms. CAUSE OF Important.

, RLACE OF D	SATH .	,
County Unie	Spendel	1
~		
Villags or City	ristot- (No.	
	0.	11



Registration Dist, No. 26

St.;---Ward)

[If death occurred in a hespital or Institution, give its NAME instead of street and number.]

In one	16	Catterlow
FULL NAME GROTPE	/ <u>/</u> <u>/ </u>	capicodic

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Cale White the word) 4 COLOR OR RACE MARRIED, Widower, OR DIVORCED (Write the word)	16 DATE OF DEATH Cfm. 9, 1915— (Month) (Day (Year)
6 DA	(Month) (Day (Year)	I HEREBY CERTIFY, That lattended deceased from Jan. 1915, to 7, 9, 1915, that I last saw has a alive on black 30, 1915
7 AG		and that death occurred on the date stated above, at P, m, The CAUSE OF DEATH* was as follows: Chronic outerstitude hephritis
(a) par (b) busi whice	Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) Zyrs mos, ds.
ARENTS	10 NAME OF FATHER CALLED 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (D)ration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot deathyrs,mos,de Where was disease contracted.	
	(Interment) John W. Casterton (Address) McKendree, My	If not at piace of death? Former or USUAI residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL And In 1915
C11-	wor. 10 ws Attors	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many, occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Aseer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vioof

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY6 1015
BURTATIANS

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer." etc., without more mobile factory. mill; (a) Salesman, (b) Grocary; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c.g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of oeeupaof various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchapmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septiehuemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, cte., of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by earbolic acid-probably "Uraemia," "Weakness, State cause for which Never report mere (Recommendations



PHYSICHANS should state of OCCUPATION is very classified. properly AGE supplied. pe may pinous plain Information = DEAT of Item OF Every It m ż

RECORD PERMANENT 4 IS INK-THIS UNFADING certificate. jo WITH back UO Instructions WRITE See mportant.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. married WIDOWED. (Day) ORDIVERCED I HEREBY CERTIFY, That I attended decreased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 10 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER S 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT M CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State _____ yrs. ____ mos. ___ Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciit should be used only when needed. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH a.a. County.....

43113

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

-FULL NAME	······································
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word) 6 DATE OF BIRTH The state of the word of the wor	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from May. 28, 1915, to Ay. 1915, that I last saw have alive on Ayard. 28, 1915
7 AGE if LESS than	and that death occurred on the date stated above, at 2 m.
46 yrs 1 mos 23 ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Intercations Putminalis
(b) General nature of Industry, business, or establishment in which employed (or employer) Auae Wala	(Duration) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF William Pryant	(Signed) Will and Deuth, M. D.
11 BIRTHPLACE OF FATHER (State or country) Ung un	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
The state of Mother of Mot	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) auon agles sitzer	Former or usual residence
(Address) Brookslyn and.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Her Ypril 17 1915 973 Horta MA	Coldar Hell Apl 18, 1915
h If more blanks are needed, address State Register	Wrinshong Enny to 7/5 Light le

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, ctc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County • a a	CERTIFICATE OF DEATH
	Registration Dist. No. 25
Village or City Mo. (No.	St.; Ward) [if death occurred in
Village of City	a hospital or institution, give its NAME instead
2 FULL NAME Juna lour	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH OF 25 191 J
Famale while WIDOWED CAMED	(Month) (Duy) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Unknown	J., 191J., to 25, 191J.,
(Month) (Day) (Year)	that I last saw have alive on 25, 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at .1
1 day,hrs. ORmin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Could and grown
(b) General nature of industry	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. & 7ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
m -	(Dupetion) yrs mos ds,
10 NAME OF FATHER	(Signed) / Chast Brook, M. O.
o lindy anhardt	afri 30, 1915 (Address) Drocklyn
Il BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Vielent
C 12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER my Crown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Muslin and	OR RECENT RESIDENTS) At place
	of death yrs. mos. ds. Stete, yrs. mos. ds.
RIL	if not et place of deeth?
(informant) lich our mughan	usual residence
(Address) Brush	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	lorder Till for 20, 191 5
Filed afre 3 8 1915 Chart hoose	20 UNDERTAKER ADDRESS
REGISTRAR	armstrong Vin my & Bulle
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

100

[Approved by U. S. Census and American Public Health-Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, write Nonc. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At'school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomolive engineer, But in many cases, If retired from The question (b) Aulo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull mus," head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritoritie," etc. etc., when a definite disease can be ascertained as the to determine definitely. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrules, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Wcakness," by Always qualify all diseases resulting from childrothery train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; "Publichaemia," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,



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	/	should ION Is	
	RECORD	PHYSICIANS of OCCUPAT	
שאוטווס דט דטבאראינים דיסה שואטוואפ	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	
10. 1.		SAUS	
Z		国の言	

N. B.-

4805 PLACE OF DEATH Village or City Brandship

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.; Ward)

[if death occurred In a hospital or Institution, give Its NAME lostead

* FULL NAME Carrie den	Of street and nomber.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)				
S DATE OF BIRTH Oug 23 1879 (Month) (Day) (Year)	that I last aaw her alive on Africal Last 1912.				
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atted above, st 8 m, The CAUSE OF DEATH * was as follows:				
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Bustine of Oppening				
business, or establishment in General house Worth which employed (or employer). General house Worth (State or country)	Contributory Septicinia (Secondary)				
OF STATER Robert Footer 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Duration) yrs. mos. ds (Signed) (Address) / Assault from Willert *State the Disease Causing Death, or, in deaths from Willert				
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 d	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death				
(Informant) Martha Estip	Where was disease contracted, If not at place of death? Former or USUAI residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
Filed This 17, 1945 a Local Registran	Friendstrip april 20, 1916- 20 UNDERTAKER RULL. J. Wood Friendslip My				

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfui-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



RECORD

PERMANENT

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

V. S. No. 1.

N. B.

Village or City Marley (No. 2-FULL NAME Stephens & a	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occorred to a hospital or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Male Color or RACE Single, Married, Moower, Wioower, Wioower, Ordivorceo (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 LESS that 1 day,hrs OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer)	that I last sew h Assalles on
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) Manylund 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Manylund (Address) Manylund 15	Ai place of death yrs. mes. ds. State yrs. mos. ds Where was disease contracted, if oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL May he like he was disease to the burial of burial or services.
- aprillo - Ff Ahand	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At, home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. . State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measics (disease eausing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
and Cell	CERTIFICATE OF DEATH
County	Pagintentian Diet No.
	Registration Dist. No.
Village or City (No. (No.	St.; Ward) [It death occurred in a hospital or institution,
S	give its NAME instead of street and number.
² FULL NAME Nora Th	SALV WI SHEET AND NUMBER.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Oh 19 1915
Vamule Col WIDOWED Manned of DIVORCED Write the word)	(Month) (Day) (Year)
	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Chr 18, 1915, to apr 15, 1915,
(Month) (Day) (Year)	that I last saw h an alive on after 15, 191 5,
7. AGE It LESS than	and that death occurred on the date stated above, at 4. P.m.
2 4 yrs. mos. ds. OR min.?	The GAUSE OF DEATH * was as follows:
	Unicide, by fire
(a) Trade, profession, or	
particular kind of work	
business, or establishment in	(Ouration) yrs, mos. ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Ouralion) yrs mos ds,
FATHER Instrument	(Signed) (Signed), M. O.
I BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT
(State or country) 12 MAIDEN NAME ()	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MALLON	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place to the
(State or country)	of deathyrsmoeds. State,yrsmoeds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) 2. Fr. Lr	Former or usual residence
B11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Furnace Pranet apr 20, 191 5
15 of the Thanks	20 UNDERTAKER ADDRESS
Filed from 190 Registrar	Day tout A Buth
/ If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hause--Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Hausemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locamotive engineer, (a) Spinner, (b) Callon But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Tracmia," "Weakness, birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Anaenia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, cough; Chronic valender heart disease; Chronic interstitial ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL peritonihis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Huemouthage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere "Atrophy," "Col-"Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 8 1915
BUREAU, V.S.

MARGIN

-Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIago or City Brackly (No. 41900) 2FULL NAME, Still birth & Su	Registration Dist. No. 25 Ward) St.; Ward) Ward) St.; Ward) Ward is the course of a hospifal or institution, give its NAME lossead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale April 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wirte the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 hEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h Wattwoon Med Com 1, 1915.
7 AGE If LESS than 1 day,trs. ORmin.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Street Broth (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Broklyn 10 NAME OF FATHER OR FATHER OR STATE OF THE PROPERTY	Contributory Secondary (Borafion) (Signed) (Signed) (Signed) (Dorafion) (Dorafion) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER 12 MAIDEN NAME 37 MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment)	Where was disease confracted, if oof af place of deafh? Former or usual residence.
16 File for 2, 1915 Chas A Browle REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Lodar True of BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are peeded address State Butter	1 mingle 1 veer to

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS

County County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City KensBerryno	St.; Ward) St.; St.; Ward) St.; St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
grunde Thite (Write the word)	16 DATE OF DEATH CALL // , 1915 (Month) (Day (Year)
DATE OF BIRTH 4 1837	17 J. HEREBY CERTIFY, That I attended deceased from 1916 to About 1, 1916
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, st. 1750mm. The CAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Indostry.	Cretral Henrylaga
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Hay Herkung	(Signed) Oracling yrs mos ds (Signed) No received M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. Where was disease contracted.
(Informant) Legisland Sealing	If not at place of death? Former or usual residence
(Address)	20 UNDERTAKER ADDRESS
REGISTRAR	Wo withweel Hanney PA (Gal)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grecery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mus," "Oid Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conampie: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915 : BUREAU, V.S.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1.

Coun	nty a a	CERTIFICATE OF DEATH
Coun		Registration Dist. No. 2/
Villa	ge or City Consepsolis (No. 22, 6, 6)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDOWED Single	(Month) (Day) (17 HEREBY CERTIFY, That aftended deceased
6 DA	(Month) (Day) , 1 852	Mil 12, 1915, to April 14, 1 that I last saw h Malive on April 14, 1
7 AG	is the second of	and that death occurred on the date stated above, at
	CCUPATION	Marie Day Day DAR C
29 par bu	a) Frade, profession, or Ticular kind of work) General nature of industry siness, or establishment in tich employed (or employer)	(Ouration) yrs, mos. (
pa par (b bu: wh	rticular kind of work) General nature of industry	(Ouration) yrs mos (Contributory Secondary Charles (Ouration) yrs mos (
pai (bus wh	rticular kind of work) General nature of industry siness, or establishment in hich employed (or employer)	Contributory Secondary Cyshle believes cars (Ouration) yrs. mos. (Signed) Ves; Wells
Pal bu:	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME 12 MAIDEN NAME	Contributory Secondary Cryslus believes Cars (Ouration) yrs. mos.
y pai	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MOTHER 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 MOTHER 10 MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary Cyclic Guration (Signed)
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER THE MAIDEN NAME THE MAID	Contributory Secondary Contributory Contributory Contributory Courses, Contributor Causes, state (1) Means of Injury; and (2) whether Accident Stucidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place 19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER OF MOTHE	Contributory Secondary (Ouration) State the DISEASE CAUSING DEATH, Or, fit deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stale,

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, ctc. For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmenmonia ("Pneumonia,") unqualified, is indefinite); Tuberevolosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Aecidental drawning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway troin-accident; Revolver wound of "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disense causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcomo, etc., of "Anaemia" chopneumonia (secondary), 10 ds. Never report mere oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," corbolic acid-probably "Atrophy," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

ON 14 very	1 PLACE OF DEATH Gounty A - A - 7	2811 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/
of OCCUPATION	Village or City M. Cal Very Min	State St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
ent.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Male Color or RAGE GOINGLET MARRIED, MOVING. Wisowes (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
be stated filed. Exa	Andrew (Month) (Day (Year)	1915, to 14 , 1915, that last saw h 121 alive on 112, 14 , 1915
should rly classi	7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the state stated above, at 3 m, The CAUSE OF DEATH* was as follows:
led. AGE be proper	(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Total Primmi
arefully supplicate that it may	business, or establishment in which employed (or amployar) BERTHPLACE (State or country)	Contributory Secondary
be caref	10 NAME OF FATHER Unknown	(Signed) Planting yrs mos: ds. (Signed) Planting , M. D. Africo, 191.5. (Addrass) & & Calculation
ain terms	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
nformation ITM in pla Instruction	13 BIRTHPLACE OF MOTHER (State or country) Unknown.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
of DEAl	(Informent) La Lriffen.	Where was disease contracted, If not at place of death?————————————————————————————————————
CAUSE Importan	16 Al 17 - mrs malal	Mr Calvary Cemb DATE OF BURIAL 20 UNDERTAKER
z z	Filed CAC / 1919 A STEED REGISTRAR	EHBranker & Son 92 West ST

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting Y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF FIIOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"

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MAY 6 1915
BUREAU, V.S.

V. S. No. 1.

pinous OCCUPATION PHYSICIANS RECORD PERMANENT classified. pino properly AGE pe may certificate. 05 to back terms. 50 plain Instructions 2 EATH WRITE DE/ See 50 Item OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred la a hospital or lostitution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, UL WIDOWED. (Month) (Dav (Year (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Da (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature, of indostry, business, or establishment to which employed (or employer) 9 B!RTHPLACE (State or country) Contributo Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place State or country _____ yrs. __ __ mos. ___ _ ds. State _ Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usuai residence 19 PLACE OF BURIAL 15 UNDERTAKER ADDRESS

REGISTRAR

9 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for eause of death approved by Committee on Nomencla-"Contributory." (Recommendations ou statement of scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. aant neoplasms); Measles; Whooping cough; Chronie is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of Never report

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MAY 6 1915 BUREAU, V.S.

No. 1.

202

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be that it may be properly classified. Exact statement of OCCUPATION is a certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS 80 DEATH in plain terms, so See instructions on back of should item of Information WRITE CAUSE OF Important. n ż

state Yery

Co	1 PLACE OF DEATH unty ann aready	2 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/
Vil	PILL NAME Infant Ha	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Male Color or RACE Single, Married, Widowed, Ordinaced (Write the word)	18 DATE OF OEATH (Month) (Day (Year) 17 ! HEREBY CERTIFY, That ! attended deceased from
6 D	(Month) (Day (Year)	that I last saw h alive on, 191
7 A	yrs mos ds or min.?	and that death occurred on the date stated above, at
(a	OCCUPATION) Trade, profession, or ricular kind of work. Generat nature of Industry.	Stell Berth.
bus	iness, or establishment in ch employed (or employer)	Conference segment (Duration) set segestron, ds.
9 B	RTHPLACE (State or country) anny arem ded Co	Secondary Case offended by meanification Secondary (Duration) yrs mos ds
	10 NAME OF FATHER Clarance Hand.	(Signed) James & Beller plan M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Counce Ocean del Ca	*State the DISEASE CAUSING DEATH, OR In deaths from VIOLENT
PARI	12 MAIOEN NAME Bertha Lohnson	*State the DISEASE CAUSING DEATH, OB.: 10 deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) anny arendel &	At place In the of death yrs mos ds. State yrs mos ds
14 7	(Informant) Bertha Johnson Hand	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Cludon . Mo	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

under to Ke

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ADDRESS

Filed april 5, 1915 of S. Bellen

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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UNFADING INK-THIS IS supplied. AGE si

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

statement

classified.

certificate.

DEATH in plain terms, so See instructions on back of

Every Item of Information CAUSE OF DEATH In plail Important. See Instructions

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PERMANENT

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STATE OF MARYLAND CERTIFICATE OF DEATH

00	0 0	Registration Dist.	No. 7/
Vil	lage or City 3rd district (No. Cho	ud (2 na)	[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5	Mal. Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	, 191.s. (Year)
8 D	ATE OF BIRTH April 5 , 1 7 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I a	
7 A		and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	bove, at G P m,
(b) bus whi	Trade, profession, or ricular kind of work. General nature of industry, liness, or establishment in chemployed (or employer) IRTHPLACE (State or country) Anne Area det	Contributory Case attended	yrs mos ds.
ARENTS	10 NAME OF FATHER Clarance Hard. 11 BIRTHPLACE OF FATHER (State or country) Come Oren des Ce	(Signed)	ples N.O.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Oune Orndel Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, It not at place of death?	•
15 Fil	(Interment) Beethy Johnson Day (Address) Elvator Ma ed agress T, 1915- J. J. Bellengsler REGISTRAR	Magothy Col. Church	DATE OF BURIAL QUALITY 181.1. ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton milt; (a) Satesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—line in the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deneumonia"); Lobar pheumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvutar heart disease; Chronic interstitial nephritis. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Maras Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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that s on	(a	Trade; profession, or Harries Ticular kind of work
s, so	14 (b) General nature of Industry slaess, or establishment in ich employed (or employer)
e in	9 BI	RTHPLACE (State or country) A A Co MA
i = 1		10 NAME OF Junothy Harris
EATH portan	ENTS	11 BIRTHPLACE OF FATHER (State, or country) a da Co ma
OF D	PARE	12 MAIDEN NAME Mary Bailey
AUSE I is ver	-	13 BIRTHPLACE OF MOTHER (State or country) (C. C. W. M. C. W. C.
0 0 0		(Informant) Samuel Calbert
77.5		(Address) Skedmere a a Co Md
n	15 File	of apl 19, 1913 - Amsmilch REGISTRAR
2		If more blanks are needed, address State Registrar, 1

1 PLACE OF DEATH

PERSONAL AND STATISTICAL

4 COLOR OR RACE

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

(Day)

If LESS than

1 day, hrs. OR min.?

County

3 SEX

7 AGE

6 DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CER	TIFICATE OF DEATH
16 DATE OF DEATH	April 18' , 1915 (Month) (Day) (Year)
house 15, 1914 that I last saw h in alive	, to April 1700 , 1915,
	the date stated above, at 6 A m.
The CAUSE OF DEATH & wa	as as follows:
Valvula	or Sisense of the Heart
	(Duration)yrs5 mosds.
April 19" 1915 (Addres	(Duration) yrs. mos ds. Ristant M. D. ss) Armafalio In L. LIB MS1
CAUSES, State (1) MEANS OF SUICIDAL OF HOMICIDAL.	NG DEATH, or, in deaths from MOLENT INJURY; and (2) whether Accusental,
18 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) At glace of death yrs. mos. di Where was disease contracted, if not at place of death?	in the
Garage Neck	A QQG Off 19, 1015
Jas Jaylu	· Low Churchool:

6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. engineer, Stationary fireman, etc. But in many cases, Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Care should he If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menindenia); indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Auropay,

"Con"Con"Con-The contributory (secondary or intercur-"Puerperal septicharmia," carbolic acid-probably Never report mere (Recommendations nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915

V. S. No. 1.

PLACE OF DEATH 4816	STATE OF MARYLAND
County a 6	CERTIFICATE OF DEATH
	Registration Dist. No. 2.
Village or City Hatuly (No.	St.; Ward) [If death occurred in a hospital or institution,
4	give its NAME Instead of street and number.]
FULL NAME Leviganing	January Constitution of the Constitution of th
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	Mar 24 1915, to Cyrel 26, 1915.
(Month) (Day) (Year)	that I last saw h la alive on Cyrul 25 1915
7 AGE It LESS than	and that death occurred on the date stated above, at
5 yrs. 2 mos. 20 ds. ormin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or (a) Trade, profession, or	Chrone Interstetent reflection
particular kind of work	5
business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
State or country)	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF Prehad Buyers	(Signed) Aganti M. D.
V 11 BIRTHPLACE OF FATHER (State or country)	Gul 27, 191 3. (Address) Milliantelly
OFFATHER (State or country) Mailen Name Welesta Degg	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
<u>a</u>	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(intermant, Mm Down Bioga	Former or usual residence
(Address) Hulisham	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 4/	Daniel Star Contrap / 27 1, 1815
Filed 12 191 PEGISTRY R	W. M. Falloto W. Care.
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1. Und.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Aecidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'urremeal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic -Hart failure," "Haemorrhage," "Inanition," "Maras valvular heart disease; Ohronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples For vio-0



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

AGE should be stated EXACTLY.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Salleyp (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.: Ward) [If death occurred is a hospital or lostitution, give its NAME iostead
2FULL NAME Sasant office	of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Calorer Race Single, MARRIED, MIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Soul 8 ,1915 (Year)
© DATE OF BIRTH South January, 1894 (Month) (Day (Year)	that I isst saw how alive on the same of the same of the saw how alive on the same of the saw how alive on the saw
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, atm The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of lodustry, business, or establishment in	(Duratioo) yrs 3 mos ds
**BIRTHPLACE (State or country) Mangleway 10 NAME OF FATHER Surger Hawlence	Contributory Secondary (Doration) yrs mos ds (Signed) Manual Hambling M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Man Canal	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At piace to the of death yrs. mes. ds. State yrs. mes. ds.
(interment) Reday My Knowledge	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Sulley &	19 PLACE OF BURIAL OR REMOVAL Marley Alsk 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. oma, Sareoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

AGE

DEATH in plain terms, so

CAUSE OF Important. S

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Timele Region (Month) (Day (Year) Prof Region (Month) (Day (Year) Tage It less than 1 day, hrs. 1 day, hrs. 1 day, hrs. 2 day, hr	Village or City Davido (N8 . lee	Registration D St.; War aw kern	. I'll death accurred in
Temale Regro MARRED, Widowro, ORDIVORCEO ORDIVORCEO ORDIVORCEO (Write the word) To I hereby Certify, That I attended deceased It LESS than I day, hrs. OCCUPATION (a) Trade, protession, or particular kind of work MARRED, Marie (Month) (Day (Year) It LESS than I day, hrs. OR min.?	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
business, or establishment in which employer (Ouration) / yrs. z mos.	Ace Standary, Marieb,	(Month) 17 I hEREBY CERTIFY, The Dept. 10 191 to Cy that I last saw her alive on The that I death occurred on the date state of the CAUSE OF DEATH* was as follows Concurrent	Led above, at 4 Am marker from fragers
State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether Acc OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Manyler 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) *State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether Acc OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENCE Is the ot death yrs. mos. ds. State yrs, mos. Where was disease contracted, It not at place of death? Former or	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Deration) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signe	or, in deaths from Violent and (2) whether Accident
	16	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foremau," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequenees (e. g., mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ete.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[It death occurred in a hospital or lostitution, give its NAME instead of streel and nomber.]

PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nele BATE OF BI	4 COLOR OR RACE 5 SINGLE, MARRIED, MANNED WILLOWED, ORDIVORGEO (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
⁷ AGE	OCI (doiskuss), 1887 (Month) (Day (Year) If LESS than 1 day,hrs.	that I last saw him alive on a find 2 7 , 1915 , 1915 and that death occurred on the date stated above, at 5 30 m, The CAUSE OF DEATH* was as follows:
S OCCUPATIO (a) Trade, protes particular kind o	ssion, or Oystiman	Absess of right Fung
(b) General nature business, or es which employed services or (State or 1985)	stablishmeet in (or employer)	Contributory Solar meumonia Secondary
W (Stat	APPLACE ATHER OF COUNTRY) Manyand	(Signed)
13 BIRTH OF MC (State	e or country) Mankand	At place 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place
(Intermact)	Herand Stice	Where was disease contracted, If not at place of death? Former or usual residence
16 File Chart	PZB, 1915 - Marlaw Cawood In Da Good REGISTRAR	Dariel Sara Geneles Spril Z4, 1915— 20 UNDERTAKER C. M. C. Talbott Saltria Maria

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerferal peritonitis," etc. State cause for cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915 BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Sicially sitement of	PLACE OF DEATH /County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
CTLY PHY	Village or City Crucapolio (No. 240, Sin	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	Ferrul White Single, Warriethe Word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
should be started by the property of certificate.	6 DATE OF BIRTH Nov 29, 1850 (Month) (Day) , 1850	afril 72, 1915, to afril 1915, that I last saw h or alive on afril 1915, 191
AGE shit may b	7 AGE 6 4 yrs. 4 mos. 2 b ds. If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 11.00 pm. The CAUSE OF DEATH * was as follows:
supplied.	(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in	O (Quration) vrs. mas. 3 ds.
ain term	9 BIRTHPLACE (State or country) (Annapoles Ma	Contributory Secondary Of (Descallen) The mos / Z ds.
uld be of H in plant. Se	10 NAME OF Pichard H. Holland	(Signed) Address Quinty Tong. M. O. Cefrel 21, 1915 T (Address) Quinty Star Zuck.
or DEAT	OF MOTHER (State or country) Charafolis Md 12 MAIDEN NAME OF MOTHER (State or Country) Charafolis Mother of Mother (State or Country) Charafolis Mother of	*State the DISEASE CAUSING DEATH, dr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
informat CAUSE O N is very	13 BIRTHPLACE OF MOTHER (State or country) Crucapolis Md	At placa In the of death
state ((Informant) Mus Mary & Holand	it not at place of death? Former or usual residence
Should OCCUF	(Address) Cruapoles Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 29 UNDERTAKER 1 ADORESS ADORESS
S.	Filed Page 1910 REGISTRAR If more blanks are needed, address State Registrar,	Jas S. Jay Con Tows Chumapolis

[Approved by U. S. Census and American Public Health Association.]

write None. e yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Furm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groscry; (a) Foreman, (b) Autotaken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part of the second statement. Never is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary firemun, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, various pursuits can be known. The question If the occupation has been changed Locomolive engineer, return "Laborer, etc., without more If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenreral septicharmia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Mardsgenital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion,"



V. S. No. 1.

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	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
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	LAINLY.	Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.
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V: 8: No. 1.		N. 8 E

	¹ PLACE OF DEATH	4820 STATE OF MARYLAND
1	0-0	CERTIFICATE OF DEATH
Co	unty	Registration Dist, No. 21
Vill	Page or Gity amaholic (No. 77), 2FULL NAME Laura M.	Calvert St.; Ward) [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	18male Colord Stringle, Married, Widowed, Alamed (18mile the word)	16 DATE OF DEATH April 26, 191.5- (Month) (Day (Year)
6 D/	Lan-, Anknown, 1868	that I last saw here alive on 24 1915
7 AC	(Month) (Day (Year) GE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 12 m, The CAUSE OF DEATH* was as follows:
(a) pai (b)	CCUPATION) Trade, profession, or riticular kind of work	(Duration) yrs. mosel 4 ds.
_	RTHPLACE (State or country) Am abolis and.	Contributory Secondary
S	10 NAME OF John Johnson.	(Signed) PB Incluses, M. D. (Signed) PB (Address) & Calcul
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
	(Informant) 41 Calvert 84	Where was disease contracted, If not at piace of death? Former or usual residence.
16 Fil	All 212 1- Smans 1.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 4 9 9 9 1 61 61
		crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Milliner

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speelmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vroctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," ctc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I

1 PLACE OF DEATH

4821

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

TOLL NAME.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Seex Color or RACE 5 SINCLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Secenber 25, 1823 (Month) (Day (Year)	that I last saw her silve on april 3, 1915.
TAGE If LESS than day,	and that death occurred on the date stated above, at // / / m, The CAUSE OF DEATH* was as follows: Proncho Pulmura
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.
10 NAME OF FATHER Dennis Lowman	Contributory Secondary (Duration) yrs mos ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) John In Lywnan	if not at place of death?————————————————————————————————————
Filed April 13th, 1815 L + 2 + taskula Pred Registhan	29 UNDERTAKER 29 UNDERTAKER 29 UNDERTAKER 20 UND

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.;



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. st.13 Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH 191 to. (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: ...min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs __ Where was disease contracted. If not at place of death?-Former or usual residence 15

REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred in a hospital or institution. give its NAME instead of street and nomber.]

(Year)

(Dav

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manuger," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuderculesis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State childbirth or misearriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc. The contributory valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Aiways qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (secondary or intercurrent) "Exhaustion," cause for For vio-

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MAYS 1915
BUREAULVIS

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1 PLACE OF DEATH	STATE OF MARYLAND
County Urne Urnedle	CERTIFICATE OF DEATH
+ 1	Registration Dist, No.
Village of City Curtis Creek (No.	St.; Ward) [It death occur
	d inspired of the
FULL NAME Jacob	-a fuber of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOROR RACE SINGLE,	18 DATE OF DEATH COTO AS-
Male White Whowen Single	(Month) (Day (Y
6 DATE OF BIRTH 0 / 4	17 I HEREBY CERTIFY, That I attended deceases
Sout 11 .alt	, 191, to, I
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	ceed with
(b) General nature of industry,	Drowning
business, or establishment in which employed (or employer)	(Ouration) yar
9 BIRTHPLACE (State or country) a.a. Cos Md	Contributory Secondary (Burstis)
10 NAME OF Gacol Huber	(Signed) fanges St Frances ach
of Father	Ope 23, 191 . (Address) Prookly
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Y CAUSES, state (1) MEANS OF INJURY; and (2) whether AC
of Mother anne Coule	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Rallon Ma	ot death yrs mos ds. State yrs mos
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) yalob fuller	Former or
Custin Creek,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Cathodral Paratery April 26
510 Chy 73 - 1015 /150 (0) . Kosh 7	20 UNDERTAKER, ALA ADDRESS,

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. statement. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation what cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," ever, write None. As examples: "Foreman,"

Statement of cause of death. Name, first, the disease eausing death (the primary diffection with respect to time and causation), using aways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syndym is "Epidemic cerebrospinal meningitis"); Diphtheria (nvoid dise of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pucumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of deat approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as p LENT DEATHS STATE MEANS OF INJURY and qual which surgical operation was undertaken. mia," "l'uerrerat peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichae cause. Always qualify all diseases resulting from ctc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility", ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial neperitie, oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) "Contributory scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Exis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," ably Dies: VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very

carefully supplied. AGE should be signified.

See instructions on back of certificate.

N. B.—Every Item of Information CAUSE OF DEATH in pial

important.

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PERMANENT stated EXACTLY.

	PLACE OF DEATH ounty ann areads. llags or City 3 29 destrot (No. Ch.) 2FULL NAME Infant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) St.; Ward) It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	Male. 4 COLOR OR RACE MARRIED, Who by ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(a pa (b)	GE (Month) (Day (Year) (Month) (Day (Year) If LESS than 1 day, hrs. OK min.? CCUPATION) Trade, profession, or ricular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	that I last saw h allve on 191 m, 191 m and that death occurred on the date stated above, at 7 p m, The CAUSE OF DEATH* was as follows: (Burbh (Burbh) yrs. mos. ds.
04	(State or country) ann arendel a	Secondary (Duration) yrs mos ds.
	11 BIRTHPLACE OF FATHER (State or country) Anna Arandel Ca 12 MAIDEN NAME OF MOTHER COLOTH Struck counts 13 BIRTHPLACE OF MOTHER (State or country) Anna Arandel Ca THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William Janken. (Eddress) Clivation My	(Signed) Same S. Belingleg , N. D. Paral 12, 181 f. (Address) Elastica - M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

no

under la / Key

M. E. Church

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of agc. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civit engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, who have no occupation whatever, write None. cated thns: CAUSING DEATH, state occupation at beginning of illbeen changed or given np on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Salesman, If the ocenpation has (0)

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic vatvular heart disease; Chronic interstitiat nephritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated nnless important. Exoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenelainjury, as fracture of sknll, and consequences (e. g., ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The uature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by railreay train-acciis less definite; avoid use of "Inmor" for malig-The contributory tetanus) may be stated under the head Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of (secondary or intercurrent)



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PHYSICIANS

5	A A A	STATE OF MARYLAND
	County Q. C.	CERTIFICATE OF DEATH
	Country	21
		Registration Dist. No.
	Village or City Cumproles notes. 7 (, CC	Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Still born of	duels period et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
6.	Female aploid (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Sat	6 DATE OF BIRTH	17 . I HEREBY CERTIFY, That I attended deceased from
certifica	April 15 1810	, 191, to, 191,
4	7 AGE (Month) (Day) (Year)	that I last saw halive on, 191,
0	7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
back	yrs, mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
2 2	8 OCCUPATION	Of Ann
S	(a) Trade, profession, or particular, kind of work	Will William 1a
000	(b) General nature of industry	
non	business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
See instruct	9 BIRTHPLACE (State or country) Que grales mod	Contributory Secondary
See	10 NAME OF	(Ouralion) yrs. mos. ds
5	FATHER James Serming	(Signed)
2 0	O 11 BIRTHPLACE	Allera 15191 5 TADdress An Called
importan	(State or country) (mapolisma	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidal.
	of Mother Manan Arris Don	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
very	13 BIRTHPLACE MA	At place In the
200	(State or country) Broad neck a.e.co	of deathyrsmosds. State,yrsmosds
SZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Whera was disease contracted, It not at place of death?
55	(Interment) Dames Lemmins	Former or
A	(IIIIIIIIIIIII) funce females	usual residenco
OCCUPATION	(Address) 7/ Willow of ane	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
OS	15 0/1 mem/1	Trever of Cemeter of Mil 6, 1918
	Filed W/2 /6 1915 7/ 7/ Elch	20 UNIOERTAKER SAL SAL THE WOOD
	REGISTRAR	flund will Va horton West

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STATE OF MARYLAND CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Hegith Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from (b) Auto-Curl

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from child-birth or misearriage as "Publiperal septichaemia," Publiperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraunia," "Weakiess," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-



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V. S. No. 1.

ICIANS ment of	PLACE OF DEATH County (4)	STATE OF MARYLAND CERTIFICATE OF DEATH
ဟ မို		Registration Dist. No. 2/
Exact sta	Village or City Line apoli Mano. En	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
Tified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y class	Male Polored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 28 (Day) (Year)
nould be state properly certificate.	GDATE OF BIRTH. June le 1883	17 HEREBY CERTIFY, That I attended deceased from 28, 1915, to 25, 1915,
shour sy be of cer	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at !!! Am.
AGE it me back	3 x yrs 0 mos 2 3 ds 1 day, hrs. or min.?	The CAUSE OF DEATH # was as follows:
ed.	8 OCCUPATION (a) Trade, profession, or	Lober Preumonia
so to	particular kind of work (b) General nature of Industry	***
n terms, so instructions	business, or establishment in which employed (or employer)	(Quration)yrs. mos. ds.
carefu lain te	(State or country) (MM argues Md	Secondary (fluration) (tra mag da
o u	10 NAME OF FATHER Offed Johnson	(Signed) Mrslet M. O.
rmation should SE OF DEATH very important.	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of oF	d OF MOTHER Eliza Johnson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
5 U S	13 BIRTHPLACE OF MOTHER (State or country) am apoles md	At placs of death yrs. mos. ds. Where was disease contracted,
Every item of ir should state CA OCCUPATION	(Informant) Whether Best of MY KNOWLEDGE,	Former or usual residence.
Every its	(Address) plula lelpha P.a	Braues Lill ent applica, 1815.
B.—E.	Filed apl 29, 1915 - mes Welch	20 INDERTAKER COLON 32 N. W.S.f.
ż	If more blanks are needed, address State Registrar.	

[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. the duties of the household only (not paid Housekerpers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screent, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more of the second statement. Never mobile factory. only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, return "Laborer," If retired from

- Statement of Cause of Death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of birth or misearriage as "Publiperal septichaemia," "Publiperal perilonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weaktess," on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from ehildete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" rent) affection need not be stated unless important. "Coma," (merely symptomatie), The eontributory (seeondary or intercur-"Convulsions," "Debility" ("Concarbolic Never report mere "Atrophy," acid—probably



Villa	ge or City & Margarets (No.)	Registration Dist. No. St.; Ward) St.; Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ade Color or race 5 SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DA	TE OF BIRTH. 20 1914	17 I HEREBY CERTIFY, That I attended deceas
7 AG		and that death occurred on the date stated above, at
1111	yrs. / mos. / ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH & was as follows:
pa (b bu	CCUPATION a) Frade, profession, or ricular kind of work b) General nature of Industry siness, or establishment in	(Suration) yrs mos
	IRTHPLACE (State or country) If Mungarile a Q CMa	Contributory Secondary (Dufailon) yra. mos
S	10 NAME OF Walter Jolinson	(Signad) 3. B. Ridout
ENT	11 BIRTHPLACE OF FATHER (State or country It Margarels ag Co Md	*State the DISEASE CAUSING DEATH, or, in deaths from V. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID SUICIDAL OF HOMICIDAL.
PAR	12 MAIDEN NAME Mary allen	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR
-	13 BIRTHPLACE OF MOTHER (State or country) of may and a 9 Co Ma	Al place In tha of death yrs. mos. ds. State, yrs. mo
14 TI	(Informant) Wallu ohusor	if not al place of death ? Former or usual rasidence
15	(Address) St Mayarels (ICCo 949	(groad with a 9 C Ma april !
13	led april 11 1915 Amy Vilah	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from Ciril

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as Accidental, Suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuomia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the genital," "Senilc," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-"Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valoular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mausles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory (secondary or intercur-"Dropsy," "Exhaustion, Never report mere



(SICIANS should state OCCUPATION Is very

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statement

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CAUSE OF Important.

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1 PLACE OF DEATH County Anne Arundel.	STATE OF MARYLAND CERTIFICATE OF DEATH
CASE CASE	Registration Dist. No. 2
Village or City 3 2d destrict (No. 10) 2FULL NAME Lansty La	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR OIVORGEO OR OIVORGEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
** DATE OF BIRTH **Dec. 31	than and that death occurred on the date stated above, at 9 9 m. hrs. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) © BIRTHPLACE (State or country) Ballo., Md	Conquited Valvalar Disease of Heart (Buration) / yrs. 3 mos /9 ds. Califically segmed by rep. regularies Scondary No physician = arteraleusey.
10 NAME OF Rofert Brown.	(Signed) James S. Bellengelen, M. D. April Zo, 191 S. (Address) Election) and
12 MAIDEN NAME OF MOTHER Mullis Green. 13 BIRTHPLACE OF MOTHER (State or country) Anne Arendel Co. M. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) Mary Green.	Where was disease contracted, It not at place of death? Former or usual residence.
Elvaton. Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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DATE OF BURIAL

ADDRESS

OVAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerreral septichacample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Publicant peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



RECORD

PERMANENT

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MITH

PLAINLY,

No.

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PHYSICIANS should state of OCCUPATION is very Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) stated 8 DATE OF BIRTH classified. (Day) (Year) pe (Month) it LESS than 7 AGE should t day hrs. OR min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) = that 10 NAME OF FATHER ō pe back 11 BIRTHPLACE terms, PARENT should OF FATHER (State or country) 00 12 MAIDEN NAME In plain See Instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country Every item of infor GAUSE OF DEATH 14 THE ABOVE IS TRUE TO important. 15 20 UNDERTAKER 8 REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

A	***************************************		
MEDICAL CERTIF	ICATE OF	DEATH	
16 DATE OF DEATH	// (Month)	(Day)	, 1915 (Year)
IT I HEREBY CERTICAL AND	FY, That I and declarately	eased after	191
Contributory (Secondary) (D	uration)	yrs. mo	S ds.
*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	EATH OF In	deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death	In the	STITUTIONS, T	
19 PLACE OF BURIAL OR REMO	referr	DATE OF BU	RIAL 1915

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (g)

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. ("Pneumonia," unqualified, is indefinite); Tubcrcu-Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid fever (never report "Typhoid Examples: Cercbrospinal (avoid use of

> such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpenal schtichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio--Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent "Old Age," "Shock," "Tracmia," "Weakness," Always qualify all diseases resulting from "Senfie." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head of (name origin; "Can State cause for Examples:

the certificate is permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before



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	RECOR	EXAC'ssified,
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly contained to be a properly classified.
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V. S. No. 1.		Shou
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	Village or City am apoli Mol 20,2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospitat or institution,
	2 FULL NAME Dufant of I	oluse Rinhale give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Abril 30 (Month) (Day) (Year)
3	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	april 23, 19/5- (Month) (Day), 1 (Year)	that I last saw halive on, 191,
uctions on pack of	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, prefession, or particular kind of work	Premature Birth
	(b) General nature of industry business, or establishment in which employed (or employer)	attendance (Duration) yrs. mos. 7 ds.
2011	9 BIRTHPLACE (State or country) (Mapolis Ma	Secondary (Burailon) vrs. mos. ds.
15. 30	10 NAME OF James Queen	(Signod) Melet Registras, M. O.
porta	II BIRTHPLACE OF FATHER OF COUNTRY) W 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2	a of MOTHER Louise Kunbol	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
IS VC	13 BIRTHPLACE OF MOTHER (State or country) Amapolis, Md	At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
	(Informati) To the BEST OF MY KNOWLEDGE (Informati)	Former or usual residence
200	(Address) 202 Lincoly place	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0	15 May 2, 1915 Amswelch	20 pNDERTAKER ADDRESS
	REGISTRAR A If more blanks are needed, address State Registrar,	16 W Saratoga St. Balta. Requesting V. S. No. 1.
	11 more manks are necicu, audiess state negistrar,	All Salvari and an anal and an anal and an



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should he wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, c. g., Farmer or Planter, Physitaken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile foctory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever- (never report "Typhoid pneumonia," Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Weakness," mus," "Old Age," "Shock," "Tracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Pubriperal septichaemia," "Pubriperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstition "Tumor" for malignant neophesnis); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory (secondary or intereurcarbolic acid-probably "Atrophy," unportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 6 1915
BURFAULVE.

N. B. .

1 PLACE OF DEATH

County auce are del	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City was (No. 167	St; Ward) [If death occurred a hospital or institution give its NAME inste
FULL NAME Perce Ella	face of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Jugle Seu ale Muli Oreworce (Write the word).	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That J attended deceased fro
6 DATE OF BIRTH (Mon (1) (Day) (Year)	that I last aaw her allve on leful 16 1915
7 AGE if LESS than 1 day,hrs. 9 ds. 08mln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Com far ug des
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Carried 25 Md	Contributory Brushites (Secondary)
10 NAME OF Guedren Facul	(Signed), (Duration) yrs mos d (Signed), (Address Curafile)
Z (State or country) cure of MO 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Cum aform Mi	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs,
Informant) May A Beall	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed WAL 19 1915 Mmg Welch	20 UNDERTAKER ADDRESS
REGISTRAR If more blanka are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. 8 No 1.

STATE OF MARYLAND

[Approved by L. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial empioyments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genltal," "Senile." etc.), "Dropsy," "Exhaustlon," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken, mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarrlage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY6 1915
BUREAU, V.S.

UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

N. 8.

15

RECORD

PERMANENT

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Chmapolis (No. 27)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/ [it death occurred le a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 STREET; MARRIED, WIDOWED, ORDIVORTED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 7 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h ar alive on april 78 ,1915.
7 AGE 5 8 yrs 4 mos 2 ds. OR min.?	and that death occurred on the date stated above, at 8:300.m. The CAUSE OF DEATH* was as follows:
(a) Trede, protession, or particular kind of work	Falvular heart becase. (Duration) ys 3 mos 28 ds.
9 BIRTHPLACE (State or country) Prince Jeorge Q. Ind.	Secondary (Quration) yrs 3 mos 28 ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER	(Signed) Service Mos. 2 ds. (Signed) Service M. D. Capel 29, 191. 5 (Address) 50 Tracklin St. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) PINCE 980798 Co Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?
(Informant) North WEST ST.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: ete., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For Vio-



PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Luborer mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) heod-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" cough; Chronic valendar heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important mephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of The contributory (secondary or intercurcarbolic acid—probably "Atrophy," nound ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

carefully supplied. AGE should be stated EXACTLY. b that it may be properly classified. Exact statement

-Every Item of information should be carefully sur GAUSE OF DEATH in plain terms, so that it mai Important. See instructions on back of certificate.

PHYSICIANS should state

S. No. 1. Ď.

N

PLACE OF DEATH



ods STATE OF MARYLAND

Cou	nty a a co	CERTIFICATE OF DEATH
1		Registration Dist. No. 2
Villa	2 FULL NAME Harry Lu	St.; 3-Ward) [If death occurred is a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH
gr	Cale White MARRIED, Single ORDIVORCED Congle	(Month) / (Day /9/5 (Year) 17 I hEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH Stalle # 900 ace	alax 8 , 191 5, to apr 17, 1915.
	(Month) (Day (Year)	that I last saw h Assistive on De Ro 17 ,1915
7 AG		and that death occurred on the date stated above, at
	yrs 6 mos 8 ds 0R min.?	The CAUSE OF DEATH* was as follows:
(a)1	CUPATION Trade, profession, or Icular kind of work	thousever the samples
(b) busin	General nature of Industry, less, or establishment in h employed (or employer)	(Duration) yrs mos. 9 ds.
9 815	State or country) a. e. ma	Secondary (Duration) 77's mos. ds.
	10 NAME OF Harry N. Lewis	(Signed) January M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) a a , eo Jul	*State the DISEASE CAUSING DEATH, or, In death's from VIOLENT
PAR	12 MAIDEN NAME agnes. Lee.	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) A. A. C. Mo	At place to the of death yrs. mos. ds. State yrs. mos. ds
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(1	nformant) Joseph a. Lee	Former or usual residence
	(Address) 51 Second St amyalisms	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Flied	Apl 18, 1915 Amg Walch REGISTRAR	20 UNDERTAKER ADDRESS
	Te man black and the second and the	Jonny Same 10/ way 81

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease gainfully employed, as At school or At home. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ⁴Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertakeu. ctc., when a definite disease can be ascertalned as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," cause for For Vio-



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V. S. No. 1.

N. B.

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Coun	1 PLACE OF DEATH Outy Control of the second	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	ge or City Branch (No. , 2 FULL NAME Zicklite	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	THE OF BIRTH 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR OIVORCEO (Write the word) 5 SINGLE, MARRIED, WIDOWED OR OIVORCEO (Write the word) 5 2 1915	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 3 , 191 5, to 2 3 , 191 5, that I last saw h 40 alive on 2 5 191 5
(a	(Month) (Day) (Year) If LESS than 1 day, C hrs. OR min.?	and that death occurred on the date stated above, at // am. The GRUSE OF DEATH * was as follows:
(b) bus wh	rificular kind of work) General nature of industry siness, or establishment in inch employed (or employer) IRTHPLACE (State or country) M	Contributory Secondary
PARENTS	10 NAME OF FATHER Marian Lichlic 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lawra a. Rilenous 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant) Marian Lichlic	(Signed)
15 File	ed of 23, 1915 Chaos & Brush REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Orom will 20, 1915 20 UNDERTAKER Lichtly Roomly

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseof the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman." "Manager," "Dealer," etc., without more is prayided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, Never return "Laborer," Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as "P. "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of gcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Publicharmia," "Dropsy," corbolic acid-probably State cause for which Never report mere "Exhanstion,"



STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal minc, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphilluria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway troin-accident; Revolver SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tramia." "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Puenpenal septichuemia," "Dropsy," "Exhaustion," carbolic acid-probably "Atrophy," mound. ("Con-





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, But in many eases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unappalified, is indefinite); Tuberculossis of lungs, menin-

Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... on Nomenelature of the American Medical Association.) "PUERPERAL peritonitis," etc. birth or misearriage as "Puenperal septichaemia, etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of by railway The contributory (secondary or intercurtrain-accident; Revolver wound State eause for which

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUTY

SEP1 5 1915 BURTAULY

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PHYSICIANS should state of OCCUPATION Is very

Exact statement

may be properly classified.

carefully supplied. certificate.

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See instructions on back of

CAUSE OF Important. S

AGE

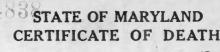
stated

RECORD

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No.	
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-1	DI	B	CE	OF	DE	ATH

County Anne Arund Te.



Registration	Dist.	No.	21	
reading a serious		E 1 C		-

Hospital.st: U.S. Naval Village or City Annapolis . Md . -Ward)

Manney & Milder

fif death occurred is a hospital or Institutioe, give Its NAME Instead of street and nomber.]

			enee, La			
	PER	SONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	ale	4 COLOR OR RACE White	SINGLE, MARRIED, MA WIDOWED. ORDIVORCED (Write the WO		16 DATE OF DEATH April 22nd (Month)	(Day (Year)
8 D/	TE OF BII	RTH			April 16, 1915 to Al	
		October (Month)	8th	, 1887 (Year)	that I last saw h im alive on Apri	
TAC	GE	27 yrs 6	mos 14 ds.	If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows. Gangrenous appendicit	:
(0)	CCUPATIO) Trada, profes rticular kind of		U.S.Navy	T	wassers and a production of	Table 10 - Section
hue	lance or oc	re of Industry, tablishment in (or employer)	S. Navy.	************************	(Duration)	yrsmos6ds.
9 BI	RTHPLACI (State or	country) Mississ	sippi.		Secondary (Duration)	yrs mos ds
	10 NAME FATH		m		(Signed) TV. Odler	, M. D
ARENTS		PLACE ATHER e or country) Unkn	nown		April 28, 19t5 (Address) U.S. Naval Hospita *State the Disease Causing Death, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accide.	
PAR	12 MAIDE OF M	N NAME OTHER Unknow	m		18 LENGTH OF RESIDENCE (FOR HOSPITA	
	(State	or country) Unkno				e yrs, mos, ds
	(Informant)	L MM	T OF MY KNOW	leuce	Where was disease contracted, If not at place of death? Former or usual residence.	
15	(Address	U.S.Naval H	lospital.	1	19 PLACE OF BURIAL OR REMDVAL	DATE OF BURIAL
	ed Opl	23,1915-4	Man	REGISTRAR	20 UNDERTAKER ON Suit	ADDRESS 15-9 West St

If more blanks are needed, address State Registrar, 6 E. Fpankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) . For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uracmia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.;



	RECORD	PHYSICIANS should state	tion of the last o
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.BEvery item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEALM in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SMARKED (Month) (Month) (Day) (Write the word) 5 DATE OF BIRTH (Month) (Day) (Write the word) 7 AGE It LESS than 1 day. hrs. 5 OR min.? 6 OCCUPATION (a) Trids, profession, or particular kind of word. (b) General nature of industry, beginners, or establishment in which employed for employer) 9 OCCUPATION (a) Trids, profession, or particular kind of word. (b) General nature of industry, beginners, or establishment in which employed for employer) 9 IT PATHER 10 NAME OF FATHER (State or COUNTY) 11 SIRTHPLACE 12 MADEN NAME OF MOTHER 12 MADEN NAME OF MOTHER 13 MANUAL OF ATRICE (State or COUNTY) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). (Address) 15 LORGY OF RESIDENCE (FOR MORPITALS. INSTITUTIONS, TRANSIENTS. OR RECEIVED AND BLAZE (Informant). (Address) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Yoar) 1 HEREBY CERTIFY, That I strended deceased from 1910. (Abouth) (Day) (Yoar) 1 HEREBY CERTIFY, That I strended deceased from 1910. (Abouth) (Day) (Nonth) (Day) (Yoar) 1 HEREBY CERTIFY, That I strended deceased from 1910. (Buralled Above, at	PLACE OF DEATH County Classif and County Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
SEX 4 COLOR OR RACE MARKET ON WARRIED, WINDOWS OR (Write the word) 5 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 10 AGE (Month) (Day) (Year) 11 HEREBY CERTIFY, That I attended deceased from 1915. 12 Market profession, or particular kind of work (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or subhishment in which employed (or employer) 9 GIRTHPLACE (State or country) 10 NAME OF FATHER 11 DISTAPLACE (State or country) 11 DISTAPLACE (State or country) 12 MAJOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Month) (Day) (Year) 15 LENGTHAL OR REMOVAL 16 LENGTHAL OR TRESIDENCE 16 LENGTHAL OR TRESIDENCE 17 I HEREBY CERTIFY, That I attended deceased from 1915. (Month) (Day) (Year) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915. (Month) (Day) (Year) 18 JIS A CRIMING OF SURVIVAL (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915. (Month) (Day) (Year) 18 JIS A CRIMING OF SURVIVAL (Month) (Day) (Year) 18 JIS A CRIMING OF SURVIVAL (Month) (Month) (Day) (Year) 18 LESS THAN (Month) (Day) (Parket) (Month) (Day) (Month) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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(a) frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 GIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Mr. S. 1912 16 Address) 17 BIRTHPLACE OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 19 BIRTHPLACE OF MOTHER (State or country) 10 NAME OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 BIRTHPLACE OF MOTHER (State or country) 16 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) AT Place In the of death Tyrs. mos. ds. State In the of death Tyrs. mos. ds. State In the of death Tyrs. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	1 day,hrs.	
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(Informant) (Address) (Address) (Address) (Address) Filed Afred 199 BLACE OF BURIAL OR REMOVAL (Address) 19 BLACE OF BURIAL OR REMOVAL (Afred Filed Afred Councillation Control of the Address Control	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
Filed Mrs 1913 CI Wom Urson 20 UNDERTAKER Bells the ADDRESS REGISTRAR E. a. Wirderfeld Balls Med	Land State Gal	Former or usual residence.
	Filed Mrs 1915 Cell Mrs lesson	20 UNDERTAKER Salts And ADDRESS E. a. Wirderfeld Balts Md.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," "Foreman," For persons (4)

Statement of cause of death—Name, first, the diberable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral sentichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplisms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of __ (name origin; "Can death), 29 ds.: State cause for Examples:



5/2	1 PLACE OF DEATH	STATE OF MARY	ZLAND
Z +		CERTIFICATE OF	
HYSICIAN statement	County	CERTIFICATE OF	
Sici	BILL	Registration Dist.	No. 25
PHY t sta	Village or City Prooklyn (No.	OA . MANNIN	[It death occurred in
Exact	Vinage of City 2000 (No.	St.; Ward)	a hospital or institution,
EX	(1) Asso (1')	marallally	give Its NAME Instead of street and number. 7
- 1	² FULL NAME	Numac	
uld be stated EXAC properly classified. rtificate.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
lass	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MARRIEO	19 DATE OF DEATH	15
cle	male white wind married	(Month)	(Day), 1915
st ite	Write the word)		ded deceased from
nould be st be properly certificate	6 DATE OF BIRTH	Mch. 25 191 5 to Up	V. 15 101 5
	mar. 1 1837		16 5
	(Month) (Day) (Year)	that I last saw h l alive on	12,300
AGE s it may back of	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date state	d above, atm
AG ack	Jos wrs mas 14 ds or min.?	The CAUSE OF DEATH # was as follows:	0
	8 OCCUPATION //	() 1 R	1) +
that that	(a) Trade, profession, or	cicile write	yan
Sono	particular kind of work		
fully suppli	business, or establishment in	(Ouration)	yrs mos ds
err	which employed (or employer)	Contributory	
5 C E	(State or country)	Secondary	
plai See	10 NAME OF	Buralien	yre mos. j de
2 5	FATHER (MARCHETTE)	(Signed) Character 1	DP3 CM.O
on should DEATH mportant	O 11 BIRTHPLACE	ac. 16, 181 5 (Address) aro	oklim
Sho Prt	Z OF FATHER (State or country) Md.	*State the DISEASE CAUSING DEATH, or, in	deaths from MOLENT
DE	C 12 MAIDEN NAME	V CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	whether Accidental,
- D	of MOTHER Mary (1. Underson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS
SE O	13 BIRTHPLACE	OR RECENT RESIDENTS) At Blace In the	
Is Is	(State or country) (md	of deathyrsde. State,	yre moe de
TION	14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLENGE	Where was disease contracted, If net at place of death?	
ate TIC	(Informant) I. W. Marshall	Former or	
St.	1 1 1 1 + 1+	usuel rasidence	
Every item should sta OCCUPAT	(Address) / D. J. D. D.	19 PLAGE OF BURIAL OR REMOVAL	ATE OF BURIAL
COO	16	ledar Hill	T /// 191 D
	Filed 4/16/1915 C. N. Wrooke	20 UNDERTAKER A	DORESS 1
<u> </u>	REGISTRAR	Caw. J. Tanning 14	60 Battery
Z	If more blanks are needed, address State Registrar, 1		ave
		V V	-000

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired engaged in domestie service for wages, as Servant, Cook, who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer,

fever (the only definite synonym is fever (the only definite synonym is spinal meningitis"); Diphtheria (avoid use of "Group"); The first spinal meningitis"); Diphtheria (avoid use of "Group"); The first spinal meningitis"); The first spinal meningitis "Spinal meningitis" ("Pineumonia"); The first spinal meningitis "Spinal meningitis"); The first spinal meningitis "Spinal meningitis" ("Pineumonia"); The first spinal meningitis "Spinal meningitis"); The first spinal meningitis "Spinal meningitis" ("Pineumonia"); The first spinal meningitis "Spinal meningitis"); The first spinal meningitis "Spinal meningitis" ("Pineumonia"); The first spinal meningitis "Spinal meningitis"); The first spinal meningitis "Spinal meningitis" ("Pineumonia"); The first spinal meningitis "Spinal meningitis" ("Pineumonia" Statement of Cause of Death—Name, man, respect to causing death (the primary affection with respect to causing always the same accepted constant), using always the same accepted

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bron-chopmeumonia (secondary), 10 ds. Never report mere ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septicluemia," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which nound.



of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

UNFADING INK-THIS IS

WITH

item of information should be

N. B.—Every Item CAUSE OF I

1 PLACE OF DEATH Village or City South Rine (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

-Ward)

Ilf death occurred is a hospital or Institution, give its NAME instead of street and nomber.]

25111 NAME Hester Mathews

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINORCED ORDINORCED (Write the word)	16 DATE OF DEATH A 2 7 , 191.5 (Month) (Day (Year)
Month (Day (Year)	Dattender 191 has alone a gention, that I last saw her alive on Afril 25 ,191 8
7 AGE It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Rowel limbs were chrawn up as The was confined to her bed (Ouration) yrs mos ss.
9 BIRTHPLACE (State or country) Mary Cond	Contributory Ey h austin Secondary (Duration) yrs mos ds.
Tather Unserver 11 Birthplace OF FATHER (State or country) 12 Malenary 12 Malenary OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) Urkrown 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place to the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Intermant) Osumis Leguis	If not at place of death?————————————————————————————————————
(Address) & de gewaler Md i 16 Filed April 28, 1915 John Cevelinson PREGISTRAR	19 PLACE OF BURIAL OR REMOVAL Cross Roads April 29, 1916 20 UNDERTAKER R. Y. Williams Waterland
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligeause of dcath approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequenees (e. g., mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal schichacmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertaiued as the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all discases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU.V.S.

SICIANS should RECORD PERMANENT DEAT OF CAUSE

1 PLACE OF DEATH STATE OF MARYLAND a.a. CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 1911 WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER P PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—line and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgleal operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 8 1915
BUREAU, V.S.

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should is Ion OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. properly pe Supplie UNFADING may certificate. 0 back hould 0 plain Instructions Information _ DEATH See ö 9 mportant. ы Every

business, or establishment in

which employed (or employer)

(State or country)

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER (State or country)

OF MOTHER

10 NAME OF FATHER

9 BIRTHPLACE

ARENTS

15

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in -Ward) a hospital or institution, give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) DATE OF BIRTH MAR (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH */ was as follows: OR min. ? (a) Trade, profession, or particular kind of work (b) General nature of industry,

(Buration) Contributory Secondary (Duration) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death _____ yrs. ____ mos. ___ State _____ yrs. mos. Where was disease contracted. If not at place of death? Former or osuai residence. BLACE OF BURIAL OR DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. (a) Spinner, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichacecause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-Ex-

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MAY6 1915
BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS statement PERMANENT classified. should properly supplied. pe may that 20 terms, pino Instructions pial = EATH ā 90 Every Item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in St .: Ward) a hospilal or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 1916 WIDOWED, (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I 17 attended deceased from DATE OF BIRTH Month? (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? on Cho kneumonia 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of ladustry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary man 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2), whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME

14 THE ABOVE IS TRUE TO

OF MOTHER

OF MOTHER (State or country)

13 BIRTHPLACE

PLACE OF BURIAL OR REMOVAL

OR RECENT RESIDENTS)

Where was disease contracted.

If not at place of death?.

20 UNDERTAKER

18 LENGTH OF RESIDENCE (FOR HOSPITALS ANSTITUTIONS, TRANSFERTS.

In the

State .

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 H/Franklin St., Balto., Requesting V. S. No. 1.

At place

of death

Former or

usual residence.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of (secondary or intercurrent) State cause for



PLACE OF BEATH	STATE OF MARYLAND
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	Registration Dist. No. 2/
Quescholo 10 to	
Village or City WWW PMD (No.)	a hospital or institution
Para to bl	give its NAME instead of street and number.
² FULL NAME WWW & Mauricu	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE S SINGLE,	16 DATE OF DEATH april 25 11
temale phila OBSWORDED	Com (Month), (Day) (Yea
6 DATE OF BIRTH	HEREBY CENTIFY, That I attended deceased from
Q 1 24 4 000	, 191), to 1915
(Month) (Day) Year)	that I last saw h evalive on 2,191
7 AGE If LESS than	and that death occurred on the date stated above, at 1
5.3 yrs — mes — / ds, ORmin.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION	- Broncho Prumoura
(a) Trade, profession, or	
particular kind of work	
business, or establishment in which employed (or employer)	(Quration) yrs. mos. 2
9 BIRTHPLACE	Contributory Secondary
(State or country) accomposing me	(Duration): yrs mos
10 NAME OF FATHER P	(signed) Wallon I Hoshin
o James ville Umkny	- Duil 26 191 5 (Address) alingslis gul
Z OF SATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
CE 12 MAIDEN NAME / //A	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER many duals	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the
	of death yrs. mos. ds. State, yrs. mos. where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Chris Dullus	usual residence
(Address) / Francis St. ausbic Ma	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15 Augustin The Control of the Contr	At Come Cent Up 27, 1915
Filed Will 26 1915 - A TWitch	20 UNDERTAKER ADDRESS
REGISTRAR	Just Jas un on Klimapoh
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.
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[Approved by U. S. Consus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rowry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compasitor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, Never Locomolive engineer, return If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, Struck by railway train—occident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or HOMICIDAL, or as prabably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Aecidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinama, Sorcoma, etc., of..... Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Puerperal septichaemia, "Dropsy," Never report mere "Exhaustion,



PLACE OF DEATH	STATE OF MARYLAND
County CC1	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Churapolis (No. 109,	Main St.; 2 Ward) [If death occurred
Village of Offy	a hospital or institution
2 FULL NAME Martha	lun. Johnnes of street and number
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrele White Single, Married Whole OR DIVORCED OR DIVORCED	18 DATE OF DEATH AFTER (Month) (Day) (Yes
6 DATE OF BIRTH	= 17 HEREBY CERTIFY, That I attended deceased fr
hune 18 1858	, 191, to
(Month) (Day) (Year)	
7 AGE If LESS that 1 day, hrs	and that death occurred on the date Stated above, at
86 yrs 9 mos 13 ds. OR min.?	The CAUSE OF DEATH I was as follows:
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(b) General nature of industry business, or establishment in	Chart 2
which employed (or employer)	(outsilon) Vyrs mos
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10 NAME OF	— (Ouration) yrs, mos
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DE PATHER (State or country) Congland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)
of MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yre. mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was diseass contracted, if not all place of death?
(Informant) tacob Pophanes	Former or
	usual residence
(Address) Unicapolis Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Oli 2 - Timentiles.	19 UNDERTAKER ADDRESS
Fleed 4 10 1913 1 8 11 2000	Jas I Jayburtons Chine ks
REGISTRAR	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
In more blanks are needed, address State Registral	t, 10 H. Dalawga Dt., Dano., Requesting 1. D. 10. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more business, that fact may be indicated thus: Farmer (relired taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ('iril applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Maras-Struck by railway train—accident; Revolver wound of symptoms or terminal conditions, such as "Asthenia, reut) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic acid-probably Never report mere (Recommendations

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RECEIVED
MAY6 1915
BUREAU,V.S.

MARGIN RESERVED FOR BINDING

tatem	County County Solve Solve Solve Solve (No. Cor Hater Structure of City NAME One 6. 13)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ Couldinfst.; 2 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y classi	7 ende White Single, Widow Widower OR DIVORCED (Write the word)	16 DATE OF DEATH OF OR (Month) (Day) (Year)
properly princate	GDATE OF BIRTH. See 2 182)	that I last saw her alive on The 12, 1915
t may be ack of ce	7 AGE (Month) (Day) (Year) 1 It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at hand the CAUSE OF DEATH was as follows:
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erms, serms, ser	(b) General nature of Industry business, or establishment in which employed (or employer)	left herse (Buration) yrs mos. 12 de
ain t	9 BIRTHPLACE (State or country) Ireland	Secondary (Burstian) was mos de
t Se	10 NAME OF Cornelius Turn	(Signed) Walton A Hoghus, M. C
EATH Sortan	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 9	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL,
y im	of MOTHER Mary Mc Jane	SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITÄLS, THISTITUTIONS, TRANSIENTS
USE is ver	13 BIRTHPLACE OF MOTHER (State or country) State or country)	OR RECENT RESIDENTS) At place In the " of death yrs. mos. ds. State, yrs. mos. ds
ate CA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Muss Sallie Dewer	Whare was disease contracted, If not at place of death? Former or ' usual residence
ould st	(Address) annapolis Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALL 10 1915
sho OCC	Filed apt 20, 1915 - Ame Walch REGISTRAR	29 UNDERTAKER Jaylu foro Churapolis
z =	If more blanks are needed, address State Registrar	19 W. Saratoga St., Balto., Requesting V. S. No. 1. Md.

[Approved by U. S. Consus and American Public Health Association.]

write None & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupa-The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia, etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere to determine definitely. Examples: Accidental drowning; cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (neerly symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valeular heart disease; Chronic interstitial rent) affection need not be stated unless important. nephritis, etc. "Tunior" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sorcoma, etc., of Always qualify all diseases resulting from child-The contributory (secondary or intercur-



V. S. No. 1.

15

PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION Is very EXACTLY. properly classified. AGE See instructions CAUSE OF important. ż

PLACE OF DEATH

County

Village or City Saturbul



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number i

ADDRESS

	FULL NAME	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Color or RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH (Nonth) (Day (Year)	that I last saw h alive on 191
7 A	GE If LESS than 1 day,	and that desth occurred on the date stated above, at
(a pa) Trade, profession, or	(Ouration) — yrs — mos — ds. Contributory Secondary
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Si
a	of MOTHER 13 BIRTHPLACE OF MOTHER (State of country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or Usual residence.
	(Imma), ima id as ().	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Regiesting V. S. No. 1.

LEG. REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Luborer—Coal cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Addingst live is provided for the latter statement; Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-.Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, perilonacum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railreay train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lif death occurred in a hospital or institution. give Its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH # was as follows: Contributory *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT USES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, CIDAL OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

If more blanks are needed, address State Registrar, 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

E yrs.). For persons who have no occupation whatever, or given up on account of the disease causing death, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used ciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which birth or miscarringe as "Plendenal septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," lapse," "Coma," "Convulsions," "Debility" ("Corgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Curcinoma, Sarcoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anacmia" rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Uracmia," "Weakness, Never report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUREAU, V.S.

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See Instructions o

DEATH

CAUSE OF Important.

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of information

PARENTS

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should

7 AGE

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

PERMANENT

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			Marre	16 D

(Month)

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which employed (or employer) -----

(Day

(Year)

if LESS than

1 dayhrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

St.: -Ward)

Ilf death occurred in a hospital or institution give Its NAME Instead of street and number.]

	RTIFICATE O	F PEAIN	
16 DATE OF DEATH	april	16	101
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and that death occurred on th			
		above, at	×
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonyu is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carein-

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V. S. No. 1.

N. B.

	¹ PLACE OF DEATH	4851 STATE OF MAI	RVI AND
Co	unty a. a.	CERTIFICATE O	F DEATH
Vil	1age or City armapolis (No/26)	Registration Dis	Dif doubt answered in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
351	male While Single, Wildered on Divorced (Write the word)	16 DATE OF DEATH Cyril (Month)	3, 1915 (Year)
6 D.	Sefet 18, 1869 (Month) (Day (Year)	Cally in Oct Min that last saw h alive on	
TA	GE If LESS than	and that death occurred on the date stated	above, at \$ 30 Pm.
	CCUPATION YES MOS MS OR MIN.?	The CAUSE OF DEATH* was as follows:	All
pa	Trade, profession, or The August Might General nature of industry,	(Sudden wrath,	
whi	iness, or establishment in chemployed (or employer)	110.000	10 muses.
- 61	(State or country) Suansea Wales	Secondary Lead,	yrs mos ds
	10 NAME OF Jania Williams	(Signed) Chow tures	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Summer Wales		in deaths from Violence
PARI	12 MAIDEN NAME OF MOTHER Calle Obium	*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
	13 BIRTHPLACE OF MOTHER (State or country) Shefffile England	At place In the	yrs, ds
	(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?————————————————————————————————————	
15	(Address) 126 City Wock	19 PLACE OF BURIAL OR REMOVAL Se on ary's Corneley	DATE OF BURIAL
	an apl 5 1915 Amg Wilch	20 UNDERTAKER	ADDRESS .

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE

> injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



V. S. No.

ARGIN

[Approved by U. S. Census and American Public Health Association.]

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthema, chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic valendar heart disease; Chronic interstitial "Anaemia" rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... or misearriage as "Pueureral septichaemia," "Coma," "Semile," etc.), (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere



BINDING

MARGIN

1 PLACE OF DEATH

	² FULL NAME William Shipley	
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se	4 COLOR OR RACE SINGLE, SINGLE WISSENSTEE WISSENSTEE CHRISTIAN COLOR OF THE PROPERTY OF THE PR	16 DATE OF DEATH April 12th, 1915 (Month) (Day)
6 D/	ATE OF BIRTH	October 13th, 1911, to April 12th
	Unknown , 187	/ im
7 A	(Month) (Day) (Year	
	Unknown 1 day, hrs. was was ds. or min.	The CAUSE OF DEATH & was as Sallan
8 0	CCUPATION	Pulmonary Tuberculosis
0 00	a) Trade, profession, or None	TREMORET & TROCTORTOBLE

00(1	b) General nature of Industry usiness, or establishment in	Unkno
pr pr	b) General nature of Industry usiness, or establishment in hich employed (or employer)	Ouration XX yrs. XX mos. Pulmonary Hemorrhage
pr pr	b) General nature of Industry usiness, or establishment in hich employed (or employer)	Contributory Pulmonary Hemorrhage
pr pr	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF	Contributory Pulmonary Hemorrhage
a B MI pr	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) Meryland	Contributory Pulmonary Hemorrhage Secondary (Signed) Johann Mers
a B A A A A A A A A A A A A A A A A A A	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville.
BENTS A B	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) Unknown	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville.
a B A A A A A A A A A A A A A A A A A A	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville, State the Disease Causing Death, or, in deaths from Vi CAUSES, state (1) MEANS OF INJURY; and (2) whether Accord Suicidal or Homicidal.
BENTS B 6	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville, State the Disease Causing Death, or, in deaths from Vi CAUSES, state (1) MEANS OF INJURY; and (2) whether Accord Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS)
PARENTS 8 6	b) General nature of Industry usiness, or establishment in hich employed (or employer) INTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) Unknown Unknown	Contributory Pulmonary Hemorrhage Secondary Pulmonary Hemorrhage (Signed)
PARENTS 8 6	b) General nature of Industry usiness, or establishment in hich employed (or employer) HRTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) Unknown 14 BIRTHPLACE OF MOTHER Unknown 15 BIRTHPLACE OF MOTHER (State or country) Unknown 16 BIRTHPLACE OF MOTHER (State or country) Unknown	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville, "Mate the DISEASE CAUSING DEATH, or, in deaths from Vi CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR OF RECENT RESIDENTS) At place of death 3 yrs. 5 mos. 30 ds. States, yrs. X mo Where was disease contracted, if not at place of death? Unknown
PARENTS 8 6	b) General nature of Industry usiness, or establishment in hich employed (or employer) INTHPLACE (State or country) 10 NAME OF FATHER Unknown 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or country) Unknown Unknown	Contributory Pulmonary Hemorrhage Secondary (Signed) April 13 191 5 (Address) Crownsville, State the Disease Causing Death, or, in deaths from Vicases, state (1) Means of Injury; and (2) whether Acciding Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TROOR RECENT RESIDENTS) At place of death 3 yrs. 5 mes 30 ds. States, yrs. X mo
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary freman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonio ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

Gounty A County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/
Village or Gity amprafaction (No. 2) 2FULL NAME Mand Since	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH AM 14	16 DATE OF DEATH Am 13 ,191 5 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 5, to 47 , 191 5.
Month) (Day (Year) 7 AGE 8 7 8 G/ro 14 ILESS than 1 day,hrs. 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	and that death occurred on the date stated above, at 3 Pm. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mas/3 is. Contributory Secondary
10 NAME OF FATHER 110 NAME OF FATHER 111 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NA	(Signed) S. D. Mulling., M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) A H Country Ind 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Informant Clay of Country Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace Io the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, It not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Opt 15, 1916 - Am SMELL REGISTRAR	La Tholie Conseler Apr 15, 1915 20 UNDERTAKER ADDRESS ANDRESS ANDRESS ANDRESS

A. adamer REGISTRAR annaport If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcests of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF AUGUSTAL, OF AB Probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1915
BUBEAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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Village or City Bristof (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word) 6 DATE OF BIRTH	Alonth) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw hslive on
7 AGE Orange of the state of t	Statement of Course on the date stated shove, at I m, The CAUSE OF DEATH* was as follows: The malure birth: Statement of France father (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF // FATHER	Contributory Secondary Quration yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 1 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds Where was disease contracted,
(Informant) Charles To The BEST OF MY KNOWLEDGE	if not at place of death?————————————————————————————————————
(Address) Pusul Md. 16 Filed Hor. 12, 1915 A. H. Gerrie REGISTRAR	19 PLACE OF BURIAL OR REMOVAL OR Farm This delivery Owns, Copy. 12, 1815 20 UNDERTAKEN Thinks by ADDRESS Richard Evous Bristot Med,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or lostitution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Dav (Year) Write the word) I HEREBY CERTIFY, That I ettended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at...... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work snow (b) General nature of industry, business, or establishment in (Ouration) _ which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 1912 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ___ Where was disease contracted. If oot at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genltal," oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicinal, or homicinal, or as probably which surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PLACE OF DEATH	CERTIFICATE OF DEATH
County a a	CERTIFICATE OF DEATH
County	Registered No.
14. (Q)	[if death occurred in
Village or City that Twee (No	St.; Ward) a hospital or institution, give its NAME lostead
11/ -1/0	of street and nomber.
* FULL NAME Shaut of Jung	to Tomes a james
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH Comments 1916 - 1916 -
male Colono (proced (or or o	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH CALLY 12	8 1915 to Off 8 1915
(Month) (Day) (Year)	that I last saw box alive on Office 191
7 AGE If LESS than	and that death occurred on the date stated above, at m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos. ds. OR min.?	Olsans - wolnown
BOCCUPATION	
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry,	
business, or establishmeet in which employed (or employer)	(Duration) yrs. mes ds.
9 BIRTHPLACE (State or country) Max 18 c	(Secondary)
(State or country) Marsland	(Duration) yrs mos ds.
10 NAME OF STATE	
FATHER TROMAS Bucy	(Signed) , M. D.
of 11 BIRTHPLACE his h	, 191 (Address)
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL
of MOTHER June Harris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE COMMOTHER COMMOTHER	Af place in the
(State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place et death?
(Informant) Thursder Office 1922	Former or
11511 1/10 - 12 min	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	Omish For Comotine Obish 20 1915
15	20 UNDERTAKER ADDRESS
Filed 113 20 1915 Mucland March	11 M. Tallotte 1815 Mine
REGISTRAR	IN ON Our Charge
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age been changed or given up on account of the DISEASE material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Tuerrenal septichaeetc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronio "Contributory." sepsis, tcianus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbilic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPEBAL peritonitis," cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inapition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always quality all diseases resulting "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," etc. (name origin; "Candeath), State Examples: cause for For VIO-20 ds.;



Villa:	ge or City ² FUI	Chumpot LL NAME 6	arl Step	Eney	ક્ષ;	Ward)	[if death occ. a hospital or ins give its NAME of street and no
-	PERSO	NAL AND STATIS	TICAL PARTICULAR	s	MEDICAL CER	RTIFICATE OF	FDEATH
3 SE	Yele	Color OR RACE	6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	igle	OF DEATH	apl (Month)	25~, (Day)
6 DA	TE OF BIRT	H GH	If	1 Year) that I la	st saw h alive	, to	,
8 0	CCUPATION	yrs. 4		mln.?	Broncho	preus	s: .
pa pa	i) Trade, profes: rticular kind of i) General natur siness, or esta	work work work	ne.		no phy	rician	in alle
pai (b bus wh	rticular kind of	re of Industry blishment in or employer)	apolio M	Cont.	no physicians physicians and physicians phys	(Duration)	yrs. mos.
pa (b bus wh	official results of the state o	re of industry blishment in or employer) Ref. Barl	apolis M Stepney	Cont. Second	Jyrug	(Duration)	yrs. mos.
pa (b bus wh	rticular kind of) General natur siness, or esta ich employed (c) IRTHPLACE (State or coun	re of industry blishment in or employer) Core Country Core Cor	stepney	Ma (Signed)	C. 2 & 1910. (Addr. State the DINEARE CAUSES, state (I) MEANS OF	(Buralion) (Bass) DEATH, or, i INJURY; and (2)) whether Accides
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PARENTS and why man ball ball ball ball ball ball ball ba	rticular kind of) General natur siness, or esta ich employed (c) IRTHPLACE (State or coun 10 NAME C FATHER 11 BIRTHPL OF FATT (State 12 MAIDEN OF MO 13 BIRTHPL OF MO (State c)	work re of Industry blishment In or employer) LACE HER OF COUNTRY)	Stepney mupolis mapolis mapolis mapolis stoppolis stepsee	(Signed) (Signed) CAUSE SUICIN DR REC At place of death Where was	CAURY Address CAURAGE CAURA	(Buralian) (Bass) (Bass) (Carlon Death, or, in Injury; and (2) (Carlon Hospitals, In the ds. State,	NSTITUTIONS, TRAI

4858

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day lahorer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, Locomolive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever "never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations heod-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic volvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 6 1915
DUBEAU, V.S.

1 PLACE OF DEATH	STATE OF MARYLAND
Anne Strumide &	CERTIFICATE OF DEATH
County D	Registered No. 2 C
Chunch low	fif death occurre
Village or City (No.	St.; Ward) a hospital or Institu
Daniel	ef street and number
*FULL NAME CONCES	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE SINGLE,	16 DATE OF DEATH COLL 191
male Hack (Wite the word)	(Month) (Day) (Year
6 DATE OF BIRTH	17 I HEREBY CERTIFY. That affended deceased in
104	191 to 1911
(Month) (Day) (Year)	that I last saw h Wallye on Wy 6 191
7 AGE 11 LESS than 1 day,hrs.	The tilet death observed to the tilet and th
6 / yrs. — mos. — ds. ORmin.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION //	Carrone Janen Chymatry
(a) Trade, profession, or wall man	sastintis 1
(b) General nature of Industry,	(0
business, or establishmeat in calculating squares which employed (or employer)	(Ouration) / yrs. — mos.
	Contributory(Secondary)
9 BIRTHPLACE (State or country) Maryland	
	(Secondary)
9 BIRTHPLACE (State or country) Marylands 10 NAME OF LENGE Stewart 11 BIRTHPLACE	(Secondary)
9 BIRTHPLACE (State or country) Marylaus 10 NAME OF Lenge Stewart 11 BIRTHPLACE	(Secondary) (Daration) (Signed) (Signed) (Address) (Address)
9 BIRTHPLACE (State or country) Marylands 10 NAME OF LENGTH Server 11 BIRTHPLACE OFFATHER (State or country)	(Secondary) (Daration) (Signed) (Signed) (Daration) (Daration)
9 BIRTHPLACE (State or country) Marylands 10 NAME OF LEDGE Sewart 11 BIRTHPLACE OF FATHER (State or country)	(Secondary) (Bration) (Signed) (S
9 BIRTHPLACE (State or country) 10 NAME OF FATHER SERGE SELEVATION 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Elen (Muchine) 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM OR RECENT RESIDENTS) At place Opration
9 BIRTHPLACE (State or country) 10 NAME OF SEDGE SELECT 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Secondary) (Opration) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. (Signed)
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9 BIRTHPLACE (State or country) 10 NAME OF FATHER SEPTE SEWARD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Elen (Museum) 13 BIRTHPLACE OF MOTHER (State or country)	(Secondary) (Bration) (Signed) (S
9 BIRTHPLACE (State or country) 10 NAME OF SERVE SELVAND 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MUSCULUM 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Secondary) (Bratlop) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transien or Recent Residents) At place is the of death yrs, mos, ds, State yrs, mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 Place of Burial or Removal Date of Burial
9 BIRTHPLACE (State or country) 10 NAME OF FATHER SEPTE SEWARD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SERVICE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Secondary) (Bratiop) (Bratiop) (Signed) (Bratiop) (Causes) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. (Bratiop) (Brat
9 BIRTHPLACE (State or country) 10 NAME OF FATHER SERVE SEWARD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SERVE MURLINUE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	(Secondary) (Byratlop) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (CAUSES, State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OR HOMICIDAL. (Burght of Residence (For Hospitals, Institutions, Transient or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence. (Byratlop) (Byratlop) (Byratlop) (Byratlop) (CAUSES, State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, and (2) whether Accide the place of deaths are provided to the place of deaths are provided to the place of deaths are placed to the place of deaths are placed to the placed to t



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	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERT
Male	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIR		134 12 1915 1
7 AGE april	If LESS f day, OR	than and that death occurred on the hirs. The CAUSE OF DEATH * was a
8 OCCUPATION (a) Trade, professi particular kind of	on, or Train Valence	& a Sreppe +
(b) General nature business, or esta which employed (o	blishment In	h4 //
9 BIRTHPLACE (State or co	Maryana	Contributory NEAR Secondary
on 11 BIRTHE	PLACE ON MARION	(Signed) (Address)
(State	NAME	*State the DISEASE CAUSING CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHP OF MOI (State	LACE II O A	18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death yrs, mos (
14 THE ABOVE	Momas & now den	Where was disease contracted, If not at place of death? Former or usual residence
(Address)	Hanover Md RF	19 PLACE OF BURIAL OR REMO

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

F DEATH (Year) (Day J attended deceased from r, In deaths from VIOLENT and (2) whether ACCIDEN-B. INSTITUTIONS, TRANSIENTS, yrs, ____ ds

DATE OF BURIAL

istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, '(b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," But iu mauy "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequeuces (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "lnanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



rundel 10 should OCCUPATION PHYSICIANS StWard) RECORD 2FULL NAME jo statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 5 SINGLE, 3 SEX WIDOVE MANUE WIDOVE MANUE OR DIVORCED (Write the word) BINDING Exact stated 8 DATE OF BIRTH 853 properly classified. 4 (Month) (Day) (Year) pe 7 AGE If LESS than pinous FOR t day,hrs. -THIS AGE 8 OCCUPATION (a) Trade, profession, or RESERVED particular kind of work.... supplied. (b) General nature of Industry, pe business, or establishment UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER 0 MARGIN WITH be back PARENTS 11 BIRTHPLACE terms. should OF FATHER (State or country) 5 12 MAIDEN NAME in plain OF MOTHER Instructions Information 13 BIRTHPLACE OF MOTHER (State or country of Inform DEATH See Instri 14 THE ABOVE IS TRUE TO THE BEST KNOWLEDGE Item (Informant). OF Important. Every II (Address) 15 No. vi2 0 Judely Z If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

[If death occurred in a hospital or institution.

ilghm	un	0		ve its NAM street and	
	MEDICAL CI	ERTIFICATE	OF DEATH	1	
16 DATE OF	DEATH RE	ril	31	ed	1015
		(Month) (D	ау) (Year)
Mar	1 HERÉBY C	ERTIFY, The	at attende	d decease	ed from
	v h ssu alive		sul.	2 mg	1915
and that deati	h occurred on t	the date stat	ted above, a	t	700m
The CAUSE C	F DEATH * WE	as as follows	31		
Na	eschie	Denin	tens	************	
UUII	4000	Tuesday	ruy	•••••••	**********
***************************************			(/	***********	••••••
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Contribute (Secondar)	ry Crox	cho-C	neum		
	01	(Operation)	Yrs	mos	2-10
(Signed)	tooler	E. of	may		, M. D.
40. 416	, 1910 (Addr	ess) JAK	My she	de, 1	W.
*State the CAUSES, sta- TAL, SUICID	DISEASE CAUSI te (1) MEANS (AL, OF HOMICID	ING DEATH.	in deather	from Vinether Ac	OLENT CIDEN-
18 LENGTH O	FRESIDENCE	FOR HOSPITA	LS. INSTITUT	ONS, TRAI	SIENTS
At place	RESIDENTS)	In the	,		
Where was disea If not al place of			•••••	***************************************	
Former or usual residence	***************************************			*************	**********
11. "	BURIAL OR R	EMOVAL	DATE	OF BURI	
20 UNDERTA			f.W. br. 5	-	, 191.2
18	60		ADDRE	SS	



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples the nature of the husiness or industy; and therefore an Civil engineer, Stationary fireman, etc. But in many first line will he sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the DIBEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage. as "Purrereal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genitai," "Senile." ctc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Ohronic interstitial nophritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent (Recommendations on statement of may he stated under the head (name origin; "Candeath), 29 ds.: Examples:



V. B. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Francho Infino.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
*FULL NAME	11
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word Dingle	MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h Lan alive on Offer 2 , 1915
If LESS than 1 day,	and that death occurred on the date stated above, st 2 Pm, The CAUSE OF DEATH* was as follows: Chrome two can reflected Assacrate Attack on a Card Some wells Standing (Duration) yrs. / mos. ds.
PBIRTHPLACE (State or country) 10 NAME OF FATHER	(Secondary) (Secondary) (Deration) yrs. mos. 5° ds. (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
OF MOTHER Sarah Carolinis Crosby 13 BIRTHPLACE OF MOTHER (State or country) A A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Address) Amula hip Ind (Address) Amula hip Ind 5 Filed Apr. 4 1915 Afferrie	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purperal scottcharmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of GCGURATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH												
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County arundel



4863

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 2/

St.;....Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

F City Severna Park (No. No. 2)

2 FULL NAME Learge C. Jurlington

PER	SONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX Male	* color or race	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	/2 ,1915 (Day (Year)
6 DATE OF BIF	May (Month)	25 , 1879 (Day (Year)	9 1915 to 6	
7 AGE	36 yrs 10	If LESS that 1 day,hr	and that death occurred on the date state. The CAUSE OF DEATH* was as follows	ed above, atm,
	sion, or Manage	of Serving Pag	Loky Preumo	ni.
business, or est which employed (state or c	ablishment in or employer)		Gontributory Lappe	
O 11 BIRTHI	of S. g. Lur	lengton.	(Signed) James S. Bell applier 12, 1917 (Address) E	Craton ma
OL 12 MAIDE		K. amer.	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA	and (2) whether Acciden-
	or country)	egeneg	or Recent Residents) At place In the of death yrs mos ds. Stat Where was disease contracted,	
(informant)	Wellan M.	Turlengton	if not at place of death?————————————————————————————————————	
(Address	Washaperea	gus. Va.	19 PLACE OF BURIAL OR REMOVAL Melfa, Virginia	Aprel 15, 191.
Flied Garis	12,1915	Bellingilia REGISTRAR	Ornstrong, Denny Co,	Ballo. Ma.
	If more blanks	are needed, address State Re	gistrar, 6 E. Franklin St., Balto, Requesting V	S No 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeeu changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Parmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—In and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fullure," "Haemorrhage," "Inanitlon," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenela-"Coutributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the Americau Medical Association.) Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-



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PERMANENT

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-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND
a (1) 1101 (x	CERTIFICATE OF DEATH
County	DON!
	Registration Dist, No.
Village or City deulen (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead of street and number.]
FULL NAME & EON D) W	ues
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH DOLLAR 200
WIDOWED.	(Month) (Day (Year)
male while (Write the word) Jungle	17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Musch 36, 1915, to april 2 vd, 1913;
(Month) X (Day (Year)	that I last saw h in allve on a skril 2 nd 191 5
7 AGE If LESS than	and that death occurred on the date stated above, at 1:20 /m,
44 6 3 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	acute Lexiomenia gelis
8 OCCUPATION (a) Trade, profession, or	4
particular kind of work	
(b) General nature of industry, business, or establishment in	(Buration)yrsmos
which employed (or employer)	91.01
9 BIRTHPLACE (State or country)	Secondary Secondary
110 mars as 2	(Duralion) yrs mos 7 ds.
10 NAME OF PATHER ON THE STATE OF THE STATE	(Signed) They (Surcer M. D.
	april 4, 1915 (Address) Odukon
Z OF FATHER (State or country)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Nettre Pones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER MARIANA	OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) It Tuever	Former or
(Celulows)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Odenton md Ekstell, 1913.
11.011 -7/ 11 A A A	20 UNDERTAKER ADDRESS
Filed Africa T., 1915 Hollay Millard REGISTRAR	RJ Halliams Son Waterbury med
Titles.	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of.......... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inamition," "Maras-"Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 4 1915

BUREAU, V.S.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENI	Every item of Information should be parefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	Important. See instructions on back of certificate.
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OHYSICIANS should state of OCCUPATION Is very

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 26

St.; Ward)

[If death occurred in a hospitat or institution, give its NAME lostead et street and number.]

P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX Male	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the Word)	16 DATE OF DEATH Of Month (Day), 191	
Male (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) (A) (A) (A) (A) (A) (A) (B) (A) (B) (A) (B) (B		that I last saw h alive on	
(Interman	A 77 1816 SLUT Which	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Alexandra Bay a along Market 22, 191.5 20 UNDERTAKER A ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. causing death, state occupation at heginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for mailyoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopngumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

CAUSE OF I

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1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 4 . C.	5 1
1 170.	Registration Dist. No.
Village or City Moncefollisho.	Esponey (dropsile Ward) [If death occurred is a hospital or institution,
FULL NAME Beny. When	thingten give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Dingle	16 DATE OF DEATH DILL DH 1015
MIDDWED, ORDIVERCED	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
hukenowy , 8953	July 3, 191 3, to gay 2 4, 191-3
(Month) (Day (Year)	that I last saw humalive on lafter 7 , 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 2 Pm.
2 0 yrs mos ds, OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	setanus (raugialis)
(a) Trade, profession, or Harmes	
(b) General nature of industry, business, or establishmeat in which employed (or employer)	(Ouration) yrs mos 2 ds.
9 BIRTHPLACE (State or country) - Mal	Contributory Secondary (Duration) yrs mos de
10 NAME OF Hom Whillington	(Signed) Wallon H Hoffins . M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
a 12 MAIDEN NAME Gross	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. ds. State by yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Vaudinelle My Former or
(Interment) Birleville	USUAI residence UMANUL DATE OF BURIAL
Filed apl 25-1915- Ams Welch	20 UNDERTAKER ADDRESS
Process of	Las. d. low . To

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

*Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thme and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asiffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-Always qualify aii diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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	PERSO	NAL AND STATIST	ICAL PARTICULA	ARS
3 51	ex	4 COLOR OR RACE	WIDOWED.	Bringle
6 D	ATE OF BIRT		22	1892) (Year)
7 A	GE /	7 2 yrs. 4	mos. 15 ds.	It LESS than 1 day,hrs. ORmin. ?
(Month) (Day) 7 AGE 2 yrs. 4 mos. 6 ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE				
9 B	RTHPLACE		Mayl	and
S	FATHER	My Nehola	es Worder	nl
PARENT	OF FATI (State or o	NAME	Lecturede As	Mayland
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16 Fl	ied Apl	7,1915-4	meme	lch REGISTRAR
	7 AC (8 pa (8) bussel wh 9 pg (8) 147	FULI PERSO 3 SEX MALL 6 DATE OF BIRT 7 AGE 6 OCCUPATION (a) Irade, profession particular kind of wold which employed (or business, or estable which employed (or painted or countred) 10 NAME OF FATTE OF FATTE (State or countred) 11 BIRTHPL OF FATTE (State or countred) 12 MAIDEN OF MOTE (State or countred) 13 BIRTHPL OF FATTE (State or countred) 14 THE ABOVE IS (Informant).	PERSONAL AND STATIST BEX COLOR OR RACE White CHAPTION (A) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (Informant) 14 THE ABOVE IS TRUE TO THE BE (Informant) (Address) AMA AMA (Address)	Village or City Amaphis (North Personal and Statistical Particular of Sex PERSONAL AND STATISTICAL PARTICULAR OF MARBLED (Willows) ORDINORCED (Write the Work of Date of Birth Tage Cocupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) which employed (or employer) of Father of Country) Surphis May (State or country) And Are Country of Mother (State or country) And Are Country of Mother (State or country) New Andrew Coff Mother (Mother Coff Mother Coff Mother (Mother Coff Mother Coff

1 PLACE OF DEATH

67	STATE	OF I	MARY	LAND	
CI	ERTIFIC	CATE	OF	DEATH	ł

MEDICAL CERTIFICATE OF DEATH

Registered	No. 21
Ward)	[If death occurred in a hospital or Institution, give its NAME Instead
	of street and number.]

, 191
(Month) Afr (Day) 6 (Year)
GERTIFY, That I attended deceased from
ive on Africo 6 1915
on the date stated above, at 13 9, m
was as follows:
(Duration) yrs mos F ds
(Buration)yrsmos. Sds
Wills M. D. Address) Aurapoles The
USING DEATH, or, in deaths from VIOLENT IS OF INJURY; and (2) whether ACCIDEN- CIDAL.
CE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
ds. State yrs, mos. da
Cemetry Off Buria

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal feecr (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia;" unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI ... "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Never report For VIOds.;

